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Pennsylvania Medicine

MEDICAL JOURNALISM SPECIAL PRIZE 1986

Volume 89, No. 7 JULY 1986

Also in this issue: Medigram—page 6 State's medical schools award 1,258 degrees—page 12

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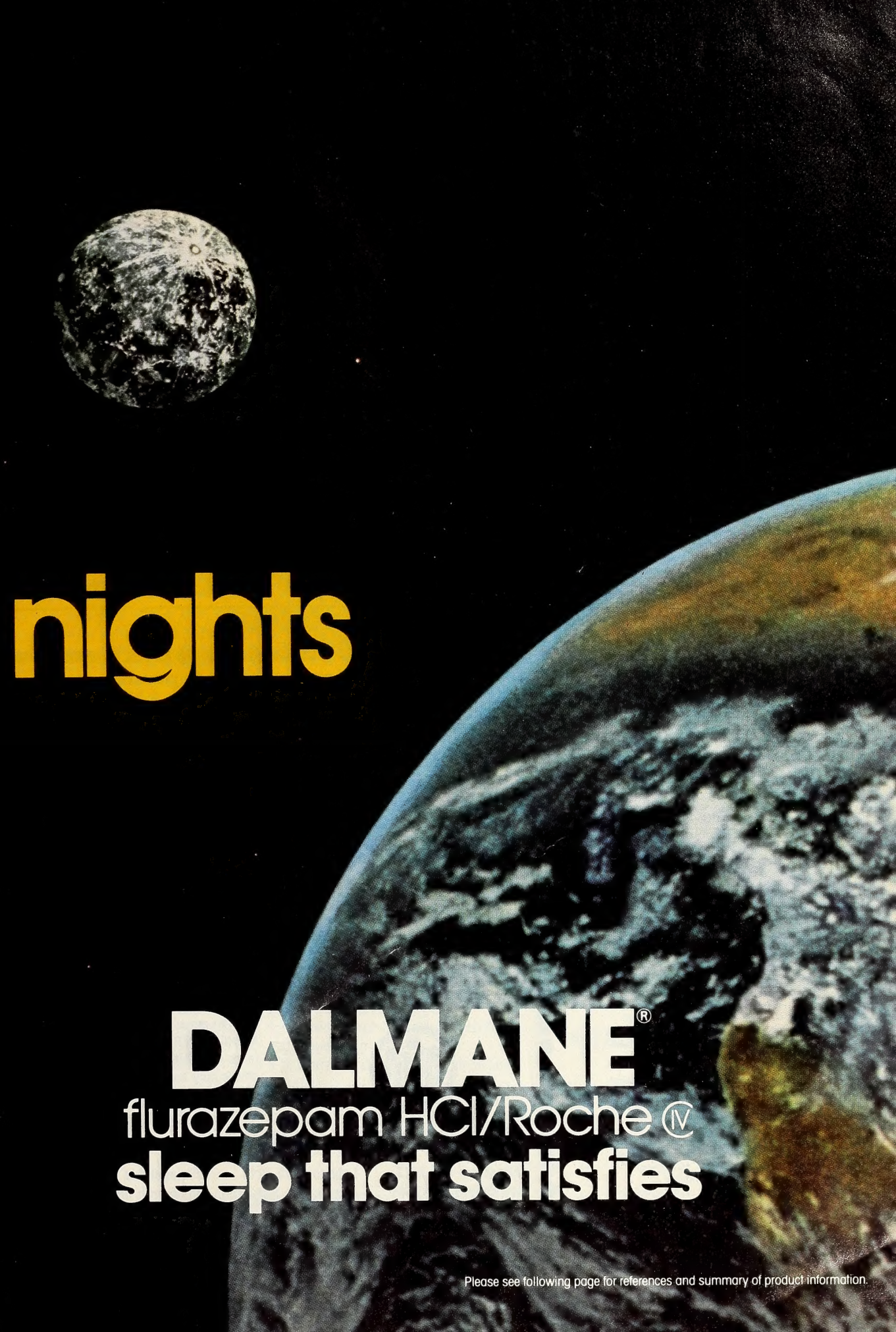
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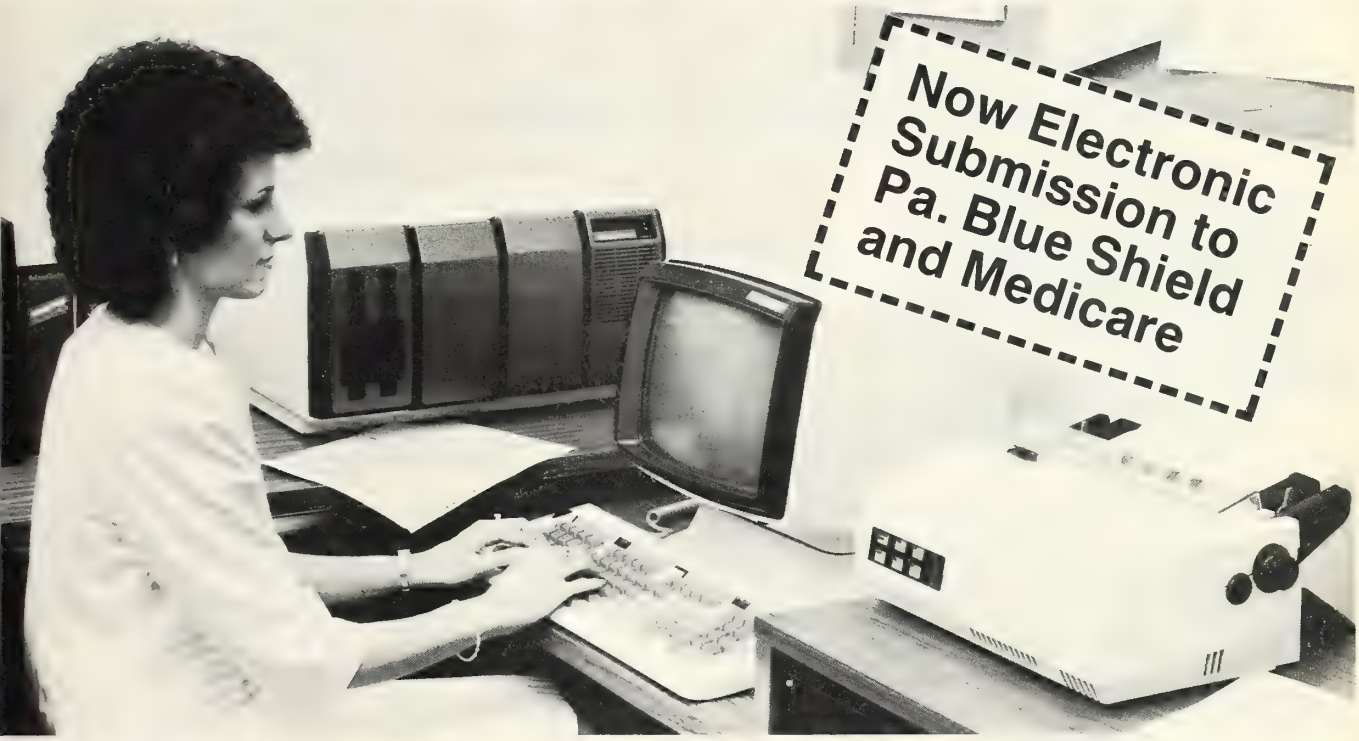

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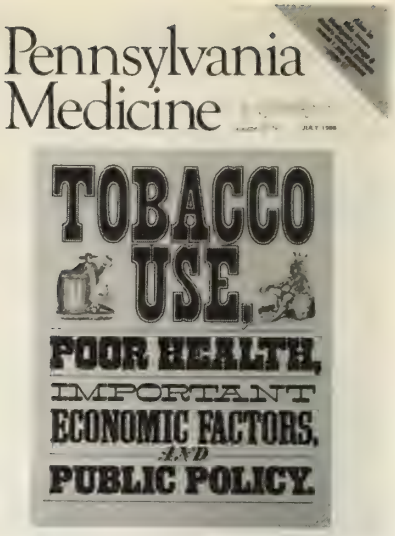

contents

July 1986
Volume 89, Number 7

COVER

25 The history of policy formation in cigarette use—Herbert Perlman—*tobacco use, poor health, important economic factors, and public policy*

NEWSFRONTS

6 Medigram—*late news at press time*
12 State's medical schools award 1,258 degrees—*commencements reported*
12 PAOO elects officers—*Dr. Jaeger president*
16 Study before signing PPO contract—Denise E. Zimmerman—*legal counsel answers questions*
19 AMA forms committee on radiation emergencies—Karen K. Davis—*state physicians participate*
22 Trustee sees quality of care as main issue—Karen K. Davis—*portrait of Jeanine Hahn, MD, residents' trustee*

EDITORIAL

10 Cost containment—at whose cost?—David A. Smith—*welfare of patients is priority*

SPECIAL FEATURE

32 Physician observes British medical practice—Christine Dotterer—*coping with bureaucracy*

IN MY OPINION

30 Star wars vs. tar wars—J. Mostyn Davis—*trends in cigarette advertising*

MEDICAL FEATURE

36 Neurosarcoidosis presenting as chronic lymphocytic meningitis—Gary R. Plotkin, Bhupendra R. Patel—*case report*

DEPARTMENTS

16 Advertisers' index
38 New members
39 Classified advertising
47 Obituaries
48 Physicians in the news

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PMS SETS SEPTEMBER 16 FOR TORT REFORM MEETING

A mass meeting and climb up Capitol Hill to push for tort reform through legislation is slated for Tuesday, September 16. PMS President Elect R. Robert Tyson, MD, chairman of the mass meeting, reported that tickets are available from Mass Meeting Coordinators in hospitals throughout the Commonwealth through mid-July. He said the meeting will dramatize the liability crisis in Pennsylvania and demonstrate the commitment of physicians and their supporters to tort reform. County medical society officers and Legislative Action Team chairmen also have information about the mass meeting.

PMSLIC RATING PLAN EFFECTIVE JULY 1

A new three-tier premium rating plan was implemented July 1 for physicians insured by the Pennsylvania Medical Society Liability Insurance Co. State Insurance Commissioner George Grode approved the plan which stratifies risk not only by geographic territory and medical specialty, the traditional ways, but also by past claims experience. Physicians with no chargeable claims or lower than average loss records may be charged lower insurance premiums for professional liability coverage than physicians who have had claims. David S. Masland, MD, chairman of PMSLIC's Board of Directors said in a letter to insureds that PMSLIC has established a system which will moderate the level of future increases for the vast majority of insureds while increasing rates for those whose claims activity is above the average for their specialties and geographic territories.

PHICO SEEKS 63.5% INCREASE IN PREMIUMS FROM PHYSICIANS

The sixth professional liability insurance company in the last six months to request a premium increase is PHICO Insurance Co. The 63.5 percent increase request applies only to independent physicians, not hospital-employed physicians. The request, which would generate an additional $3 million annually, was published in the *Pennsylvania Bulletin* on May 24. Since December 1985, the following companies also have filed for premium increases: St. Paul (105%); Joint Underwriting Association (51%); Medical Protective (39.7%); Professional Mutual Insurance (200%); and PMSLIC (24.5%).

NEW LEGISLATION MANDATES COVERAGE FOR ALCOHOLISM

Governor Dick Thornburgh has signed S.B. 935, a bill dealing with insurance which, among other things, mandates insurance coverage for "alcohol abuse and dependency." Also added to the bill before final passage was an amendment listing requirements for Preferred Provider Organizations. The bill's primary purposes are governing the investment practices of life insurance companies and setting automobile insurance rates.

HIGH COURT STRIKES DOWN STATE'S ABORTION LAW

The U.S. Supreme Court on June 11 struck down the Commonwealth's Abortion Control Act and reaffirmed its own decision in the 1973 Roe v. Wade case. The Supreme Court decision did not, however, eliminate the reporting responsibilities required in the Pennsylvania law. All deaths occurring in Pennsylvania related to pregnancy, childbirth, or induced abortion must be reported to the Pennsylvania Department of Health under the Abortion Control Act of 1982. For every maternal death which occurred since July 28, 1984, a report of maternal death should be sent to the department within 15 days of the end of the month of occurrence, in addition to the death certificate. Supplies of the form can be requested from the State Health Data Center, P.O. Box 90, Harrisburg, PA 17108, or telephone 717-783-2548.

BETTLE COTTLE, MD, REELECTED TO COUNCIL AT AMA MEETING

Betty L. Cottle, MD, Hollidaysburg, PMS Sixth District trustee, was reelected to the AMA Council on Constitution and Bylaws at the annual meeting last month in Chicago. Some 50 Pennsylvania physicians attended the meeting at which the House of Delegates created a Young Physicians' Section, with one voting delegate in the House. The AMA will encourage its component state societies to follow suit. The Pennsylvania Delegation introduced two resolutions. The proposal on claims made health insurance was referred for further study. The House of Delegates adopted the resolution on the involvement of physicians in nonmilitary radiation emergencies (See page 19).

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Acute Abdominal Conditions: The administration of narcotics may obscure the diagnosis or clinical course of patients with acute abdominal conditions
PRECAUTIONS
Special Risk Patients: VICODIN should be used with caution in elderly or debilitated patients and those with severe impairment of hepatic or renal function, hypothyroidism, Addison's disease, prostatic hypertrophy or urethral stricture
Information For Patients: VICODIN, like all narcotics, may impair the mental and/or physical abilities required for the performance of potentially hazardous tasks such as driving a car or operating machinery, patients should be cautioned accordingly
Cough Reflex: Hydrocodone suppresses the cough reflex, caution should be exercised when VICODIN is used postoperatively and in patients with pulmonary disease
Drug Interactions: The CNS-depressant effects of VICODIN may be additive with that of other CNS depressants When combined therapy is contemplated, the dose of one or both agents should be reduced. The use of MAO inhibitors or tricyclic antidepressants with hydrocodone preparations may increase the effect of either the antidepressant or hydrocodone The concurrent use of anticholinergics with hydrocodone may produce paralytic ileus
Usage in Pregnancy: Pregnancy Category C. Hydrocodone has been shown to be teratogenic in hamsters when given in doses 700 times the human dose There are no adequate and well-controlled studies in pregnant women. VICODIN should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus
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Pediatric Use: Safety and effectiveness in children have not been established
ADVERSE REACTIONS
Central Nervous System: Sedation, drowsiness, mental clouding, lethargy, impairment of mental and physical performance, anxiety, fear, dysphoria, dizziness, psychic dependence, mood changes
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Genitourinary System: Ureteral spasm, spasm of vesical sphincters and urinary retention have been reported
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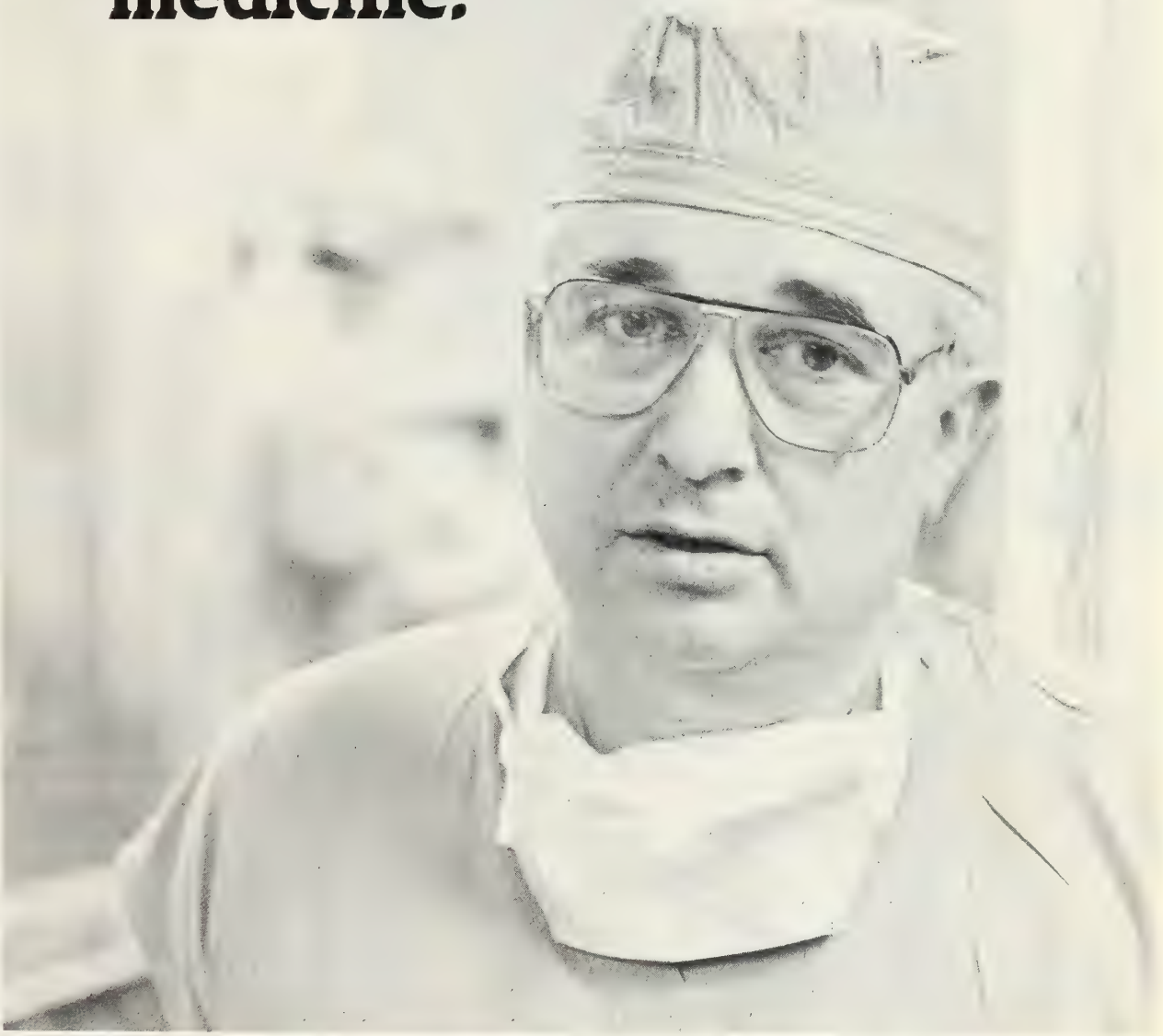

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editorial

Cost containment—at whose cost?

The problem of cost containment in medicine is complex, but with a sensible, long term approach, we can deal with it.

For the average business, the process of containing costs is more cut and dried than it is for the health care industry. Since hospitals and physicians are practicing in an increasingly competitive environment, keeping the cost of medical care at affordable levels has many considerations other than conducting a cost/benefit analysis.

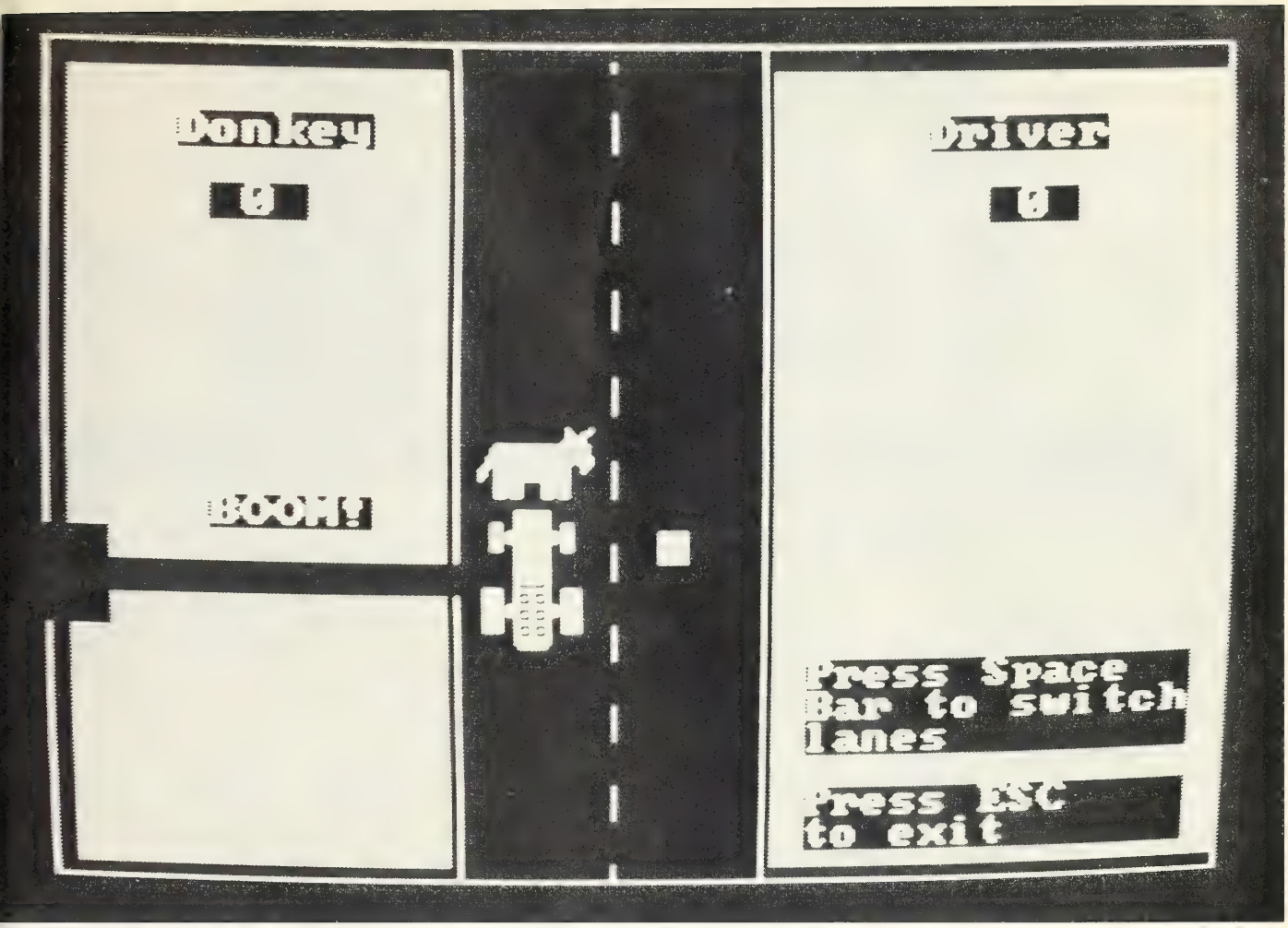
Physicians and hospitals are in the business of providing the best and most readily available health care to our citizens. Our first priority is the health and welfare of the patients we treat. We should not place the value of the dollar above the value of the health of the patient. This being so, how do we legitimately respond to the current national trends in cost containment?

To be sure, everyone wants to contain costs and provide reasonable medical services at the lowest possible price. This includes all of the players, including hospitals, physicians, insurers, business, government, labor, and, of course, patients. There is a real danger of undue intervention from second and third party players in this scenario. Largely because they are not physicians, these decision makers may come dangerously close to losing sight of the primary goal of all care givers—to preserve, protect, and promote the good health of the patients. Reckless attempts at cutting costs threaten patients with across the board cuts under the guise of efficiency and equivalent quality. Neither hospitals nor physicians' practices can be run entirely on bottom line considerations.

Clearly, providers of health care should continue to move in the direction we are currently moving—toward greater efficiency of operations, computerization, and independence from government regulatory control. This will have a positive effect on medical practice as a viable and vibrant business operation. While more emphasis should be placed on competition among health care providers, more also should be done to promote joint business ventures between physicians and hospitals. A balance must be struck between health care as a profession and as a business. Concern for the patient will diminish if we fall into the limited, two/dimensional, profit/loss status of the average business. Medical care is unique in this sense. That is why physicians must have a primary role in the cost containment decision making process.

Further competition and less government regulation - yes. Compromise of the status of the patient - no. Cost containment cannot be achieved by compromising patient care.

David A. Smith, MD
Medical Editor



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State's medical schools award 1,258 degrees

The state's seven medical schools and one osteopathic college awarded degrees to 1,258 new physicians at ceremonies in May and June. This number is one less than last year, when 1,259 students received MD or DO degrees. While the total number of graduates in the state declined by one, the number of women receiving degrees increased by ten, a growth of 2.5 percent over last year. 384 women earned degrees this year, while 374 women earned degrees in 1985.

Hahnemann University School of Medicine

Hahnemann University awarded a total of 171 degrees to 129 men and 42 women at the 139th commencement, June 5. Exercises were held at the Academy of Music, Philadelphia.

Daniel K. Inouye, the United States Senator from Hawaii, addressed the graduates. Senator Inouye, the first Congressman from the state of Hawaii, was elected in 1962, and reelected in 1968, 1974, and 1980.

At the ceremony, the medical school presented honorary degrees to Senator Inouye, who was awarded an honorary doctor of laws degree, and two others. David A. Hamburg, MD, president of the Carnegie Corporation of New York, received an honorary doctor of science degree. Dr. Hamburg is president elect of the American Association for the Advancement of Science. Ronald Annenberg Krancer was given an honorary doctor of humane letters degree. Krancer, vice president of Advent, Inc., of Philadelphia, helped to found the university's Likoff Cardiovascular Institute, and established the Krancer Center for Inflammatory Bowel Disease Research.

Jefferson Medical College of Thomas Jefferson University

Jefferson Medical College conferred 222 degrees on 163 men and 59 women at its 162nd commencement on June 6. Exercises were at the Academy of Music, Philadelphia.

Hilary Koprowski, MD, and Carol M. McCarthy, PhD, spoke at the ceremony. Dr. Koprowski is director and professor at the Wistar Institute of Anatomy and Biology, Philadelphia. Dr. Koprowski developed a vaccine for rabies that has been used since 1975, and he helped develop the first oral polio vaccine. He and his associates also developed a vaccine for rubella, and produced the first all-human cell line that can be used to create monoclonal antibodies. Dr. Koprowski, a native of Warsaw, Poland, received his medical degree from Warsaw University, and has a degree from the Santa Cecilia Conservatory of Music in Rome. He has been a consultant to the World Health Organization for 32 years.

Dr. McCarthy is president of the American Hospital Association. Before this appointment, Dr. McCarthy served as president of the Massachusetts Hospital Association. She is also former president of the Delaware Valley Hospital Council and its affiliated Health Education and Research Foundation, based in Philadelphia.

Dr. Koprowski received an honorary doctor of letters degree, and Dr. Mc-

PAOO elects officers

The Pennsylvania Academy of Ophthalmology and Otolaryngology recently installed Edward A. Jaeger, MD, Media ophthalmologist, as president. Other new officers also were installed at the academy's 42nd annual convention, held in June.

Dr. Jaeger was elected to a one-year term, succeeding Donald P. Vrabec, MD, Danville otolaryngologist.

Webb S. Hersperger, MD, Carlisle otolaryngologist, became president-elect, and will take office in 1987. Dr. Hersperger will continue to serve as president of the academy's otolaryngology council. Dorothy Scott, MD, Pittsburgh ophthalmologist, was elected president of the academy's ophthalmology council.

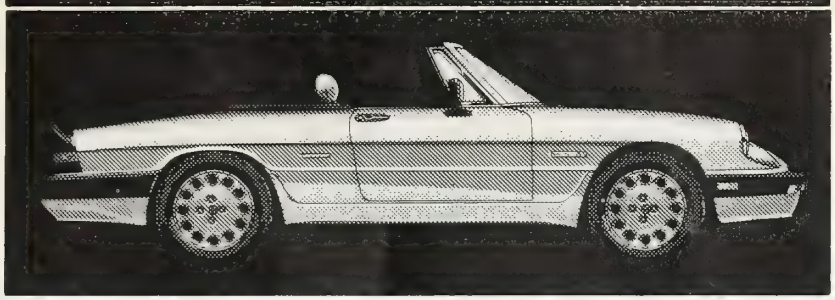
Members of the academy reappointed Thomas B. Souders, MD, West Reading ophthalmologist, editor of *Transactions*, the journal of the academy, and John Penta, MD, Reading otolaryngologist, the academy's convention chairman.

Dr. Jaeger is professor of ophthalmology at Jefferson Medical College, and associate chairman of Jefferson's department of ophthalmology. He is a member of the medical staffs of Wills Eye Hospital, Philadelphia, and Riddle Memorial Hospital Media. Dr. Hersperger is clinical assistant professor of otolaryngology at Milton S. Hershey Medical Center. Dr. Scott is clinical associate professor of ophthalmology at the University of Pittsburgh and clinical instructor in ophthalmology at St. Francis Hospital, Pittsburgh.

DR. JAEGER

DR. HERSPERGER

ALFA ROMEO



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Carthy was awarded an honorary doctor of science degree.

Medical College of Pennsylvania

At the 134th commencement of the Medical College of Pennsylvania, 118 degrees were awarded to 54 men and 64 women. The exercises were held May 31 at the Academy of Music, Philadelphia.

Semour S. Kety, MD, associate director of basic research for the National Institute of Mental Health and professor emeritus of neuroscience and psychiatry at Harvard University, gave the commencement address. He spoke on "Medicine in a World of Changing Values." Dr. Kety has investigated the role of biological mechanisms in psychiatric illness, and with his colleagues, demonstrated the importance of genetic factors in the transmission of schizophrenia.

Dr. Kety received an honorary doctor of science degree. The college also awarded three other honorary degrees. Maurice C. Clifford, MD, and Bernard C. Watson, PhD, received honorary doctor of laws degrees. Dr. Clifford retired from his post as president of the medical college on June 30 and began new duties as health commissioner for Philadelphia. Dr. Watson is president and chief executive officer of the William Penn Foundation.

Neurophysiologist Ruth H. Bleier, MD, was given an honorary doctorate of medical science. Dr. Bleier is chairman of the Women's Studies Program at the University of Wisconsin.

Pennsylvania State University College of Medicine

63 men and 26 women earned the 89 degrees awarded at the 16th commencement of the Pennsylvania State University College of Medicine. The exercises took place May 18 in Founders Hall, Hershey.

Graham Jeffries, MD, professor and chairman of the department of medicine at the university, delivered the commencement address, entitled "How well prepared are you?"

Harry Prystowsky, MD, dean of the college of medicine and senior vice president for health affairs, directed the ceremony for the last time. He will retire this month. Arlene Drack Kobylski, MD, offered remarks on behalf of the graduating class.

Philadelphia College of Osteopathic Medicine

209 doctor of osteopathy degrees were conferred on 149 men and 60 women at the 95th commencement of Philadelphia College of Osteopathic Medicine. Exercises were held June 1 at the Academy of Music, Philadelphia.

The college presented an honorary doctor of laws degree to William Lawrence Silverman, DO. Dr. Silverman, who is professor of pathology and laboratory medicine at the college, offered remarks to the graduating class.

Temple University School of Medicine

Temple University School of Medicine awarded 169 degrees to 118 men and 51 women at its 82nd commencement, May 29. The medical degrees were given at a separate ceremony following the university's 100th general exercises.

Medical school officials presided at the ceremony.

University of Pennsylvania School of Medicine

109 men and 43 women earned medical degrees from the University of Pennsylvania School of Medicine. The 152 degrees were presented at a special ceremony on May 19. The diploma ceremony was held on the university's Franklin Field.

University alumnus Michael Brown, MD, a Nobel laureate, addressed the graduating class. Dr. Brown is professor of medicine and genetics, and director of the center for genetic disease at the University of Texas Southwestern Medical School at Dallas.

University of Pittsburgh School of Medicine

The University of Pittsburgh School of Medicine awarded 128 degrees to 89 men and 39 women at a ceremony on May 27.

Henry T. Bahnson, MD, and Peter J. Jannetta, MD, spoke at the ceremony. Dr. Bahnson is professor and chairman of the department of surgery, and Dr. Jannetta is professor and chairman of the department of neurological surgery at the university.

Trust receives bequest from Philadelphia estate

The Educational and Scientific Trust of the Pennsylvania Medical Society received a bequest of $64,800 from the estate of Jane Scarlett Harvey of Philadelphia.

Harvey had made donations to a college in Kentucky, which has a program to educate physicians for practice in shortage areas. She had an interest in educating young people who would return as doctors to rural areas where the need for physicians is great, said a spokesman for the Trust.

James A. Collins Jr., MD, chairman of the board of trustees of the Trust said, "Harvey's interests coincided with one of the Trust's programs—that of providing financial aid to medical and allied health students. The Trust will use this gift to promote education."

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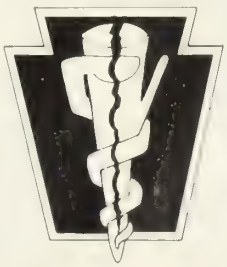

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VISUAL IMPAIRMENT was produced under a grant from the Centers for Disease Control to the Pennsylvania Department of Health Diabetes Control Program in cooperation with the Pennsylvania Diabetes Task Force. The Pennsylvania Diabetes Academy is an independent affiliate of the Educational and Scientific Trust of the Pennsylvania Medical Society.

Study before signing that PPO contract

Denise E. Zimmerman

Deciding to participate in a preferred provider organization (PPO), or any other alternative delivery system, requires a thorough examination of the impact participation will have on a physician's practice. After considering the economic arrangements and the growth potential offered to the practice by a PPO, the physician must examine the obligations in the PPO provider agreement or contract. Joining a PPO means much more to a physician than participating just to maintain or build his patient base because by joining the physician is executing a contract (a legally enforceable and binding agreement) to provide medical services under specified conditions.

Before signing a contract, the physician must assess the proposal and be prepared to negotiate terms which will assure the delivery of quality care. To do this, the physician must answer two questions:

Will participation in the plan interfere with the delivery of quality care?

Are the obligations imposed by the contract reasonable and fair to both the physician and the patient?

Elizabeth B. Metz, Esq., assistant general counsel for the Pennsylvania Medical Society and principal author of the Society's PPO contract guide, offered the following answers to common questions.

Are there any particular areas in a PPO provider contract that may create problems for a physician?

One of the problems often encountered in PPO physician provider contracts is open-ended obligations. An open-ended obligation is one which can be adopted or changed without the physician's approval. You would be surprised at the obligations left open-ended. The provider payment is one. For example, the contract will say, "Physician shall accept as payment in full the amount appearing in the fee schedule found in Attachment A *as amended from time to time by the PPO.*" Another obligation often left open-ended is the responsibility for utilization review. The contract will, for example, say, "Physician shall abide by the requirements of PPO's utilization review program," but there is no explanation of those requirements. It is not possible to make an informed and intelligent decision about the effect of these utilization review responsibilities on the quality of patient care if they are not spelled out or if they can be changed unilaterally.

What should a physician do when confronted with a contract that contains open-ended obligations?

I'm not saying a physician should never sign a PPO provider contract which has an open-ended obligation. The physician should, however, carefully review whether the uncertainty created by an open-ended obligation is acceptable. Otherwise, he may find out too late that he has, essentially, signed a blank check. An entire chapter in the PPO contracting guide is devoted to open-ended obligations. The chapter provides additional examples of open-ended obligations and lists factors that physicians should consider when determining whether the uncertainty is acceptable.

Success or failure for many PPOs depends on enlisting an adequate number of participating providers. To lure physicians into its plan, a PPO may offer an abundance of new patients, faster reimbursement, or both. How can physicians be assured that a PPO will keep its promises?

A PPO may make promises in promotional materials or during negotiations, but neglect or refuse to put them in the written contract. Sometimes these promotional promises also are misleading. For example, the PPO will promise "payment within 30 days" in its cover letter, but the written contract says, "PPO shall make payment within 30 days after the date of presentation *unless the PPO contests the claim.*" In reality, there is no deadline for payment if the PPO contests the claim. There are some situations in which a PPO promise not included in the written contract will be enforceable, but they are rare. The safest course is to rely only on those promises which are written in the contract.

The writer is director of practice services for the Pennsylvania Medical Society. A previous article on PPOs appeared in the June issue.

A comprehensive guide, "Provider Contracts: What You Should Know Before You Sign," is now available to aid PMS members in their evaluation of PPO contracts. This guide, when used in consultation with an experienced attorney, will provide physicians with the information necessary to assess a PPO contract. To order a copy of the contracting guide, contact the PMS Council on Medical Practice.

advertisers' index

ACMA 42
Advanced Billing Concepts 43
Alfa Romeo 13
BMW of North America 7
Brown Pharmaceuticals 46, 50
Campbell Laboratories 34
Casualty Reciprocal Exchange 23
Cellular One Car Phones 29
Elcomp Systems 3
Eli Lilly Company 24
Geisinger Medical Center 32
Health Care Personnel 40, 41
Jefferson Medical College 19
John Downing Associates 40, 41
Keystone Technologies 11
Knoll Pharmaceuticals 8, 44-46
Marion Laboratories 17-18
Medical Personnel Pool 2
Medical Protective Company 35
Mercy Catholic Medical Center 42
Milton S. Hershey Medical Center 20
NEEMA Medical Services 31
OR-D Systems 47
Pennsylvania Diabetes Academy 15
Pennsylvania Hand Center 31
Pennsylvania State University 37
Philadelphia Savings Fund Society 5
Physician Support Systems 31
Committee on Impaired Physician 14
Council on Medical Economics 2
PMS Liability Insurance Company 9
Provident Mutual 21
Roche Laboratories ..... 1, 2, Covers 2, 3, 4
Stuart Pharmaceuticals 41
Tri-Mark Systems 33
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Westmoreland Hospital 41

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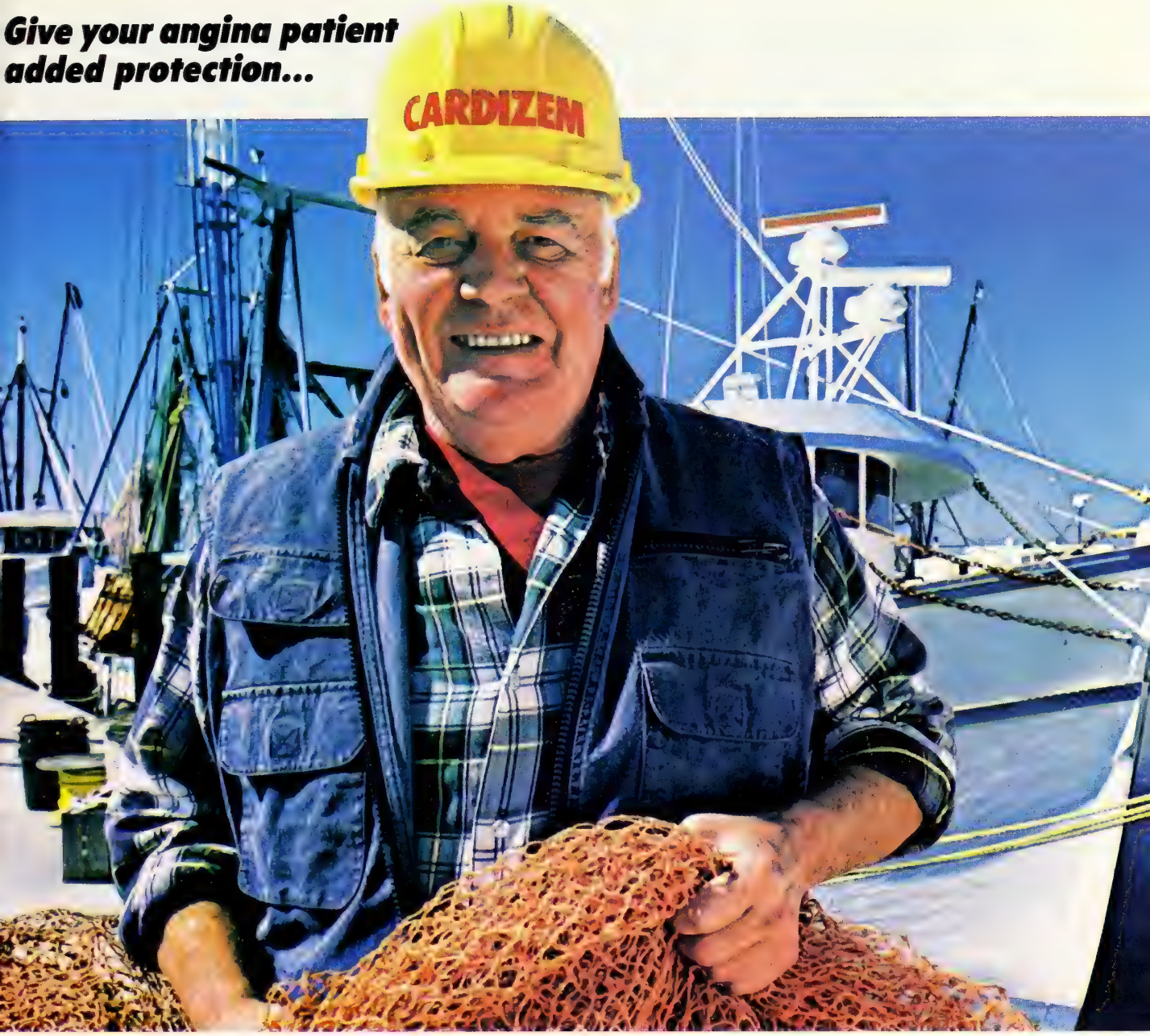

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FEWER SIDE EFFECTS IN ANTIANGINAL THERAPY

BRIEF SUMMARY

CARDIZEM® (diltiazem hydrochloride) is a calcium ion influx inhibitor (slow channel blocker or calcium antagonist)

INDICATIONS AND USAGE

1. **Angina Pectoris Due to Coronary Artery Spasm.** CARDIZEM is indicated in the treatment of angina pectoris due to coronary artery spasm CARDIZEM has been shown effective in the treatment of spontaneous coronary artery spasm presenting as Prinzmetal's variant angina (resting angina with ST-segment elevation occurring during attacks)
2. **Chronic Stable Angina (Classic Effort-Associated Angina).** CARDIZEM is indicated in the management of chronic stable angina. CARDIZEM has been effective in controlled trials in reducing angina frequency and increasing exercise tolerance

There are no controlled studies of the effectiveness of the concomitant use of diltiazem and beta-blockers or of the safety of this combination in patients with impaired ventricular function or conduction abnormalities

CONTRAINDICATIONS

CARDIZEM is contraindicated in (1) patients with sick sinus syndrome except in the presence of a functioning ventricular pacemaker, (2) patients with second- or third-degree AV block except in the presence of a functioning ventricular pacemaker, and (3) patients with hypotension (less than 90 mm Hg systolic)

WARNINGS

1. **Cardiac Conduction.** CARDIZEM prolongs AV node refractory periods without significantly prolonging sinus node recovery time, except in patients with sick sinus syndrome This effect may rarely result in abnormally slow heart rates (particularly in patients with sick sinus syndrome) or second- or third-degree AV block (six of 1243 patients for 0.48%) Concomitant use of diltiazem with beta-blockers or digitalis may result in additive effects on cardiac conduction. A patient with Prinzmetal's angina developed periods of asystole (2 to 5 seconds) after a single dose of 60 mg of diltiazem
2. **Congestive Heart Failure.** Although diltiazem has a negative inotropic effect in isolated animal tissue preparations, hemodynamic studies in humans with normal ventricular function have not shown a reduction in cardiac index nor consistent negative effects on contractility (dp/dt) Experience with the use of CARDIZEM alone or in combination with beta-blockers in patients with impaired ventricular function is very limited. Caution should be exercised when using the drug in such patients
3. **Hypotension.** Decreases in blood pressure associated with CARDIZEM therapy may occasionally result in symptomatic hypotension
4. **Acute Hepatic Injury.** In rare instances, patients receiving CARDIZEM have exhibited reversible acute hepatic injury as evidenced by moderate to extreme elevations of liver enzymes (See PRECAUTIONS and ADVERSE REACTIONS)

PRECAUTIONS

General. CARDIZEM (diltiazem hydrochloride) is extensively metabolized by the liver and excreted by the kidneys and in bile. As with any new drug given over prolonged periods, laboratory parameters should be monitored at regular intervals The drug should be used with caution in patients with impaired renal or hepatic function. In subacute and chronic dog and rat studies designed to produce toxicity, high doses of diltiazem were associated with hepatic damage In special subacute hepatic studies, oral doses of 125 mg/kg and higher in rats were associated with histological changes in the liver which were reversible when the drug was discontinued In dogs, doses of 20 mg/kg were also associated with hepatic changes, however, these changes were reversible with continued dosing

Drug Interaction. Pharmacologic studies indicate that there may be additive effects in prolonging AV conduction when using beta-blockers or digitalis concomitantly with CARDIZEM (See WARNINGS)

Controlled and uncontrolled domestic studies suggest that concomitant use of CARDIZEM and beta-blockers or digitalis is usually well tolerated Available data are not sufficient, however, to predict the effects of concomitant treatment, particularly in patients with left ventricular dysfunction or cardiac conduction abnormalities. In healthy volunteers, diltiazem has been shown to increase serum digoxin levels up to 20%

Carcinogenesis, Mutagenesis, Impairment of Fertility. A 24-month study in rats and a 21-month study in mice showed no evidence of carcinogenicity. There was also no mutagenic response in in vitro bacterial tests No intrinsic effect on fertility was observed in rats

Pregnancy. Category C. Reproduction studies have been conducted in mice, rats, and rabbits Administration of doses ranging from five to ten times greater (on a mg/kg basis) than the daily recommended therapeutic dose has resulted in embryo and fetal lethality. These doses, in some studies, have been reported to cause skeletal abnormalities. In the perinatal/postnatal studies, there was some reduction in early individual pup weights and survival rates. There was an increased incidence of stillbirths at doses of 20 times the human dose or greater

There are no well-controlled studies in pregnant women, therefore, use CARDIZEM (diltiazem hydrochloride) in pregnant women only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers. It is not known whether this drug is excreted in human milk Because many drugs are excreted in human milk, exercise caution when CARDIZEM is administered to a nursing woman if the drug's benefits are thought to outweigh its potential risks in this situation

Pediatric Use. Safety and effectiveness in children have not been established

ADVERSE REACTIONS

Serious adverse reactions have been rare in studies carried out to date, but it should be recognized that patients with impaired ventricular function and cardiac conduction abnormalities have usually been excluded

In domestic placebo-controlled trials, the incidence of adverse reactions reported during CARDIZEM therapy was not greater than that reported during placebo therapy

The following represent occurrences observed in clinical studies which can be at least reasonably associated with the pharmacology of calcium influx inhibition. In many cases, the relationship to CARDIZEM has not been established The most common occurrences, as well as their frequency of presentation, are edema (2.4%), headache (2 1%), nausea (1 9%), dizziness (1.5%), rash (1 3%), asthenia (1 2%), AV block (1 1%) In addition, the following events were reported infrequently (less than 1%) with the order of presentation corresponding to the relative frequency of occurrence

Cardiovascular	Flushing, arrhythmia, hypotension, bradycardia, palpitations, congestive heart failure, syncope
Nervous System	Paresthesia, nervousness, somnolence, tremor, insomnia, hallucinations, and amnesia
Gastrointestinal	Constipation, dyspepsia, diarrhea, vomiting, mild elevations of alkaline phosphatase, SGOT, SGPT, and LDH
Dermatologic	Pruritus, petechiae, urticaria, photosensitivity
Other	Polyuria, nocturia

The following additional experiences have been noted

A patient with Prinzmetal's angina experiencing episodes of vasospastic angina developed periods of transient asymptomatic asystole approximately five hours after receiving a single 60-mg dose of CARDIZEM

The following postmarketing events have been reported infrequently in patients receiving CARDIZEM erythema multiforme, leukopenia, and extreme elevations of alkaline phosphatase, SGOT, SGPT, LDH, and CPK However, a definitive cause and effect between these events and CARDIZEM therapy is yet to be established

OVERDOSAGE OR EXAGGERATED RESPONSE

Overdosage experience with oral diltiazem has been limited Single oral doses of 300 mg of CARDIZEM have been well tolerated by healthy volunteers In the event of overdosage or exaggerated response, appropriate supportive measures should be employed in addition to gastric lavage The following measures may be considered

Bradycardia	Administer atropine (0 60 to 1.0 mg) If there is no response to vagal blockade, administer isoproterenol cautiously
High-Degree AV Block	Treat as for bradycardia above. Fixed high-degree AV block should be treated with cardiac pacing
Cardiac Failure	Administer inotropic agents (isoproterenol, dopamine, or dobutamine) and diuretics
Hypotension	Vasopressors (eg, dopamine or levarterenol bitartrate)

Actual treatment and dosage should depend on the severity of the clinical situation and the judgment and experience of the treating physician

The oral LD_{50}'s in mice and rats range from 415 to 740 mg/kg and from 560 to 810 mg/kg, respectively The intravenous LD_{50}'s in these species were 60 and 38 mg/kg, respectively. The oral LD_{50} in dogs is considered to be in excess of 50 mg/kg while lethality was seen in monkeys at 360 mg/kg The toxic dose in man is not known, but blood levels in excess of 800 ng/ml have not been associated with toxicity

DOSAGE AND ADMINISTRATION

Exertional Angina Pectoris Due to Atherosclerotic Coronary Artery Disease or Angina Pectoris at Rest Due to Coronary Artery Spasm. Dosage must be adjusted to each patient's needs. Starting with 30 mg four times daily, before meals and at bedtime, dosage should be increased gradually (given in divided doses three or four times daily) at one- to two-day intervals until optimum response is obtained Although individual patients may respond to any dosage level, the average optimum dosage range appears to be 180 to 240 mg/day There are no available data concerning dosage requirements in patients with impaired renal or hepatic function. If the drug must be used in such patients, titration should be carried out with particular caution

Concomitant Use With Other Antianginal Agents:

1. **Sublingual NTG** may be taken as required to abort acute anginal attacks during CARDIZEM therapy
2. **Prophylactic Nitrate Therapy** — CARDIZEM may be safely co-administered with short- and long-acting nitrates, but there have been no controlled studies to evaluate the antianginal effectiveness of this combination
3. **Beta-blockers.** (See WARNINGS and PRECAUTIONS)

HOW SUPPLIED

CARDIZEM 30-mg tablets are supplied in bottles of 100 (NDC 0088-1771-47) and in Unit Dose Identification Paks of 100 (NDC 0088-1771-49) Each green tablet is engraved with MARION on one side and 1771 engraved on the other CARDIZEM 60-mg scored tablets are supplied in bottles of 100 (NDC 0088-1772-47) and in Unit Dose Identification Paks of 100 (NDC 0088-1772-49). Each yellow tablet is engraved with MARION on one side and 1772 on the other. Issued 4/1/84

See complete Professional Use Information before prescribing

0642T5

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AMA forms committee on radiation emergencies

Karen K. Davis

Pennsylvania physicians played a part in forming the American Medical Association's new Advisory Committee on Nonmilitary Radiation Emergencies. The Pennsylvania Delegation to the AMA supported formation of the advisory committee, and two state physicians are committee members.

At the AMA Annual Meeting June 15-19 in Chicago, the Pennsylvania Delegation introduced the resolution calling for physicians to have a voice in decisions on environmental radiation issues.

The resolution called for the AMA to develop a plan that would make physicians knowledgeable about the health aspects of radiation incidents, emergencies, and accidents available to the public, the media, and responsible government agencies. The committee also is a resource for the AMA's Council on Scientific Affairs.

The advisory committee was organized as a response to the April 26 accident at the USSR's nuclear power plant in Chernobyl, and also in view of the Three Mile Island accident in the United States, and the numerous small scale incidents that have occurred at nuclear plants over the past few years. Pennsylvania physician Gordon K. MacLeod, MD, Pittsburgh, is chairman.

The AMA's advisory committee first met May 12 to organize and outline its goals and scope of action. Members said the committee has several functions. First it will identify physicians who are expert on the health effects of radiation and can act in public advisory roles. It will then develop programs to train physicians for handling nuclear emergencies. These programs will include training physicians to furnish health information to the public and the media. Current mechanisms to provide such information are inadequate, committee members said.

AMA officials named seven physicians to the advisory committee, including two Pennsylvanians. The chairman, Gordon K. MacLeod, MD, is professor of health services administration at the Graduate School of Public Health of the University of Pittsburgh. Also serving on the committee is David Brill, MD, Danville, chief of the nuclear medicine department at Geisinger Medical Center. Other members are: Frederick T. Bonte, MD, University of Texas Health Science Center; David V. Becker, MD, New York Hospital; William R. Hendee, PhD, American Medical Association; Merle K. Loken, MD, University of Minnesota Hospital, Eugene L. Saenger, MD, University of Cincinnati Medical Center; and Henry N. Wagner Jr., MD, Johns Hopkins Medical Institutions.

The chairman of the advisory committee, Dr. MacLeod, was Pennsylvania's secretary of health at the time of the accident at Three Mile Island nuclear plant, March 28, 1979. Since the

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accident, he has urged the state and federal agencies to develop extensive plans for dealing with a nuclear accident, and has been a proponent for physician's involvement in making plans and taking action in the event of an accident.

"At the time of the Three Mile Island accident," he said as an example, "there were no physicians employed by the Nuclear Regulatory Commission (NRC), despite the fact that the commission has some 4,000 employes. This is a sad commentary on the priority given to public health matters involving nuclear regulation. Several days after the accident, a radiologist was sent to Harrisburg by the NRC. It took some five days for the physician radiologist to be sent up to the site.

"The large coal companies and the large oil refineries in this country often, if not invariably, have physicians available full time to handle accidents; however, rarely, if ever, is a physician employed full time in caring for the personnel at a nuclear power plant," said Dr. MacLeod.

"Upon leaving my position as secretary of health, I presented a report which recommended that there be a bureau of radiation health in the health department to complement the Bureau of Radiation Protection in the Department of Environmental Resources," he said. "Unfortunately, no changes were made. Pennsylvania is not much better off today than it was at the time of the accident at TMI—there is practically no health input into the considerations of a possible nuclear power plant accident.

"After the accident," Dr. MacLeod continued, "I made several presentations proposing that we anticipate the public health aspects of a nuclear accident. My concern was that physicians be involved."

Dr. MacLeod expressed this concern in articles written after the TMI event. In a paper for the Journal of the World Association for Emergency and Disaster Medicine (Vol 1, Supplement 1, 1985) he wrote, "As health officials, we were fully aware of the rising level of concern—in some cases outright panic—among the general public as conflicting reports of radiation fallout mounted in the news media. We knew full well that fear of radiation—however unreasonable that fear may have been—could cause health impacts as damaging as actual radiation itself."

In another article, Dr. MacLeod documented the increased stress in the Harrisburg area during the TMI accident (*American Journal of Public Health*, March 1982, Volume 72, Number 3): "The week-long stress from the threat of an imminent nuclear catastrophe was reflected in data showing increases of 113 percent in the number of persons using sleeping pills and 88 percent in those using tranquilizers, while 14 percent used more alcohol and 32 percent smoked more cigarettes in the area around Three Mile Island. The side effects from drugs and the known consequences of smoking and alcohol consumption may be just a small fraction of the adverse effects from stress upon the public's health."

He continued in that article, "The total absence of epidemiologists, or for that matter any other physicians employed by the U.S. Nuclear Regulatory Commission, Pennsylvania's Bureau of Radiation Protection, or its parent DER does not enhance the likelihood that public health effects from radiation exposure will be investigated."

In an article in *Forum on Health*, March 1980, he wrote: "It seemed that no one outside professional health circles could appreciate the potential for the health hazards of the TMI accident. There was no blast—no meltdown—so there was no health hazard: that's the attitude that seemed to reign among nuclear engineers and radiation health physicists throughout the accident."

In a related article in the March 1980 *Forum on Health* magazine, George L. Jackson, MD, then governor for the eastern Pennsylvania region of the American College of Physicians, wrote: "Physicians were clearly at a disadvantage (during the TMI accident) because factual information available to the medical community was initially fragmentary or nonexistent. With so many conflicting reports in the press, patients trusted neither industry nor government. Thus, practicing physicians were deluged with telephone calls from their patients requesting interpretation of the accident's significance in terms of their personal health. Many of these physicians simply did not have the knowledge or expertise to offer advice on nuclear matters."

Dr. Jackson concluded, "I would hope that if any similar accidents occur, the character and amount of emissions will be reported immediately to the medical community. This information could then be interpreted by those skilled in radiation dosimetry (nuclear medicine physicians, therapeutic radiologists, and diagnostic radiologists). Through the information systems of the medical community and the hospitals, these interpretations could be channeled to practicing physicians and, in turn to anxious patients."

Dr. MacLeod said, "Again and again, the physicians have been left out of the play, so to speak." He said dealing with medical effects and responding to public concerns are the key missions of physicians during radiation emergencies, adding that the new advisory committee will try to increase physicians' contributions to dealing with problems associated with the use of nuclear power.

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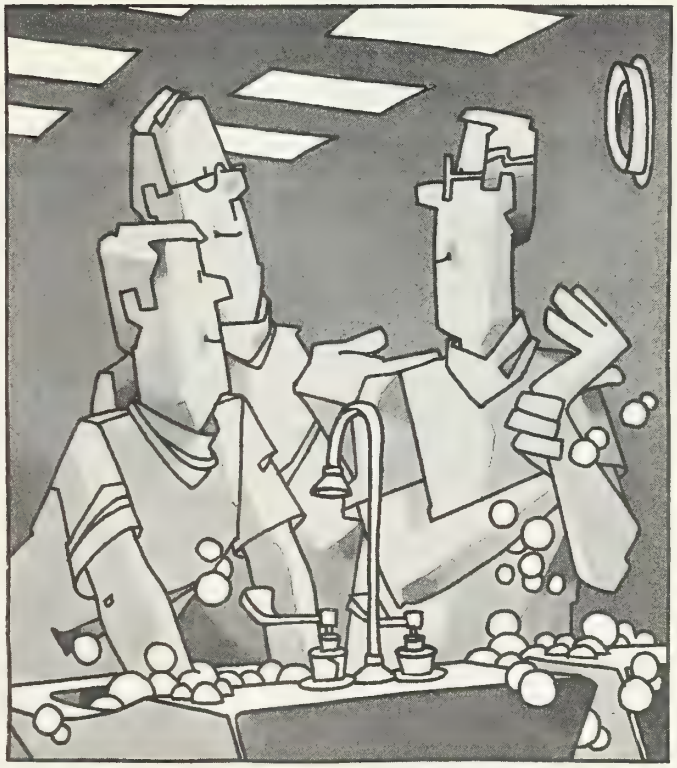

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Trustee sees quality of care as main issue

Karen K. Davis

"I think young physicians have a larger stake in assuring that medicine stay on a scientific basis rather than on a financial basis, and it's up to us to help protect the ability to provide quality care," said Jeannine Hahn, MD, speaking on the importance of early involvement in organized medicine.

Dr. Hahn is the resident physician member of the Pennsylvania Medical Society's Board of Trustees. She is a surgical resident at Abington Memorial Hospital.

Quality main issue

Her own involvement in organized medicine began, she said, "when a supervising physician at the hospital where I'm in residency pointed out the benefits of membership, and suggested I go to a meeting." After attending just one meeting of her county's society, she "became very interested," and she soon joined the county, state, and national societies. She was appointed to the Governing Council of the PMS Resident Physician Section, and then elected a delegate to the Resident Physician Section of the American Medical Association. Dr. Hahn served as chairman of the PMS resident section in 1985.

"Quality of care is the main issue for me," Dr. Hahn said. "The ability of physicians to provide quality care to their patients is being threatened, and we have to join together to do something about it. We must be able to provide sound medical care based on science and humaneness and not be restrained by insurance companies and government agencies.

"Physicians are best able to make medical decisions for their patients," she emphasized.

Dr. Hahn said she considers her position as a trustee one of "great responsibility." She said her election to the position has given her a voice at a decision making level "much earlier than I expected," adding that her perspective as a young physician leads her to regard the quality of care issue as one of the most salient.

Her interests also range to the fields of research ethics, medical ethics, and professionalism. "I hope to continue to be involved in these categories," she said.

Inspired by father

Born in the state of Washington, near Seattle, Dr. Hahn grew up in Oregon,

where her father was a country physician. "He was a real 'old time doctor,' " she said. "He traveled from farm to farm, delivering babies, performing eye examinations, and doing whatever he could to patch up the tough old farmers in our region. I spent a lot of my childhood going with him to the farms to make house calls.

"Then, when I was about six years old, he joined a practice with a former classmate in Sacramento, California," she continued. He still made house calls, but the new practice was both a country and city practice and the office was next to a large metropolitan hospital." Therefore, as a young child she was exposed to two types of practice, she said.

Her father's love of medicine influenced her. "I was always fascinated with what my father did, and with the whole hospital environment," Dr. Hahn said. "I could see that he enjoyed taking care of people, and that his help was appreciated.

"There was never any question about going to medical school," she said. "I knew that is what I wanted to do."

Interest in social issues

Dr. Hahn earned her undergraduate degree from the California State University. During her premedical training, while working in a coroner's office as a radiographer, she became aware of the problem of 'the battered child.' Sensitized to this issue, she urged college officials to offer family counseling activities. "I helped start a program at the university that deals with stressed families and helps them work through their problems without battering their children."

While at college, she also was active in a related area. She said, "I felt frustrated to see single mothers locked into a life-long welfare situation with no way to get out of it. I felt if the state could provide those mothers free child care so they could complete their educations, they could become tax payers rather than tax burdens, which would increase their levels of self esteem, as well as benefit society." She helped to establish the children's center at California State University, a facility that provides child care for low-income mothers attending classes. In addition, she lobbied the state legislature to obtain funding to open day care centers at all the California state colleges.

Also during her undergraduate years, Dr. Hahn was a research assistant to Paul Donald, MD, vice chairman of the otorhinolaryngology program at Davis School of Medicine (University of California).

Her first choice of medical schools was her father's alma mater, Hahnemann University School of Medicine. "I came to Philadelphia to be a second generation Hahnemann physician," she said. After receiving her medical degree in 1984, she began graduate work in general surgery at Abington Memorial Hospital. She hopes to specialize in colon and rectal surgery.

Outside medicine, Dr. Hahn enjoys riding her horse, an Arabian hunter-jumper named Reno. With her husband, a computer software engineer, she has worked to develop several computer programs for storage and retrieval of medical data and evaluations. She also enjoys spending time with her daughter, Jennifer.

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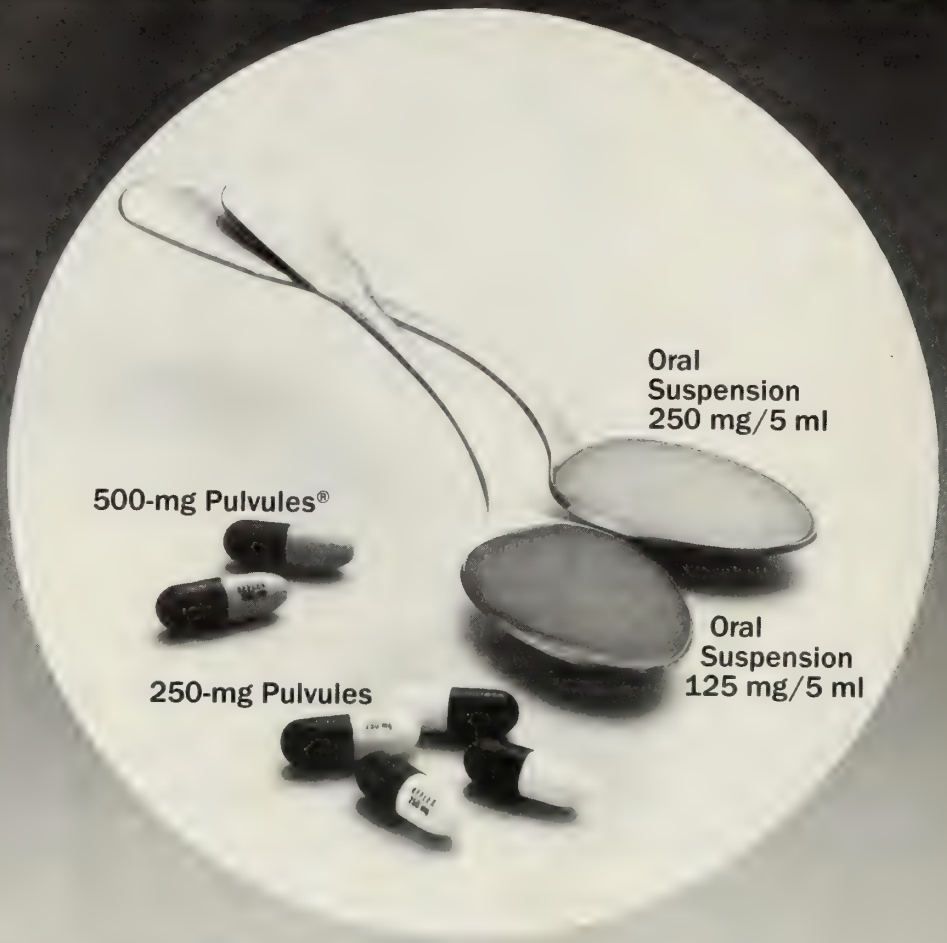

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special feature

The history of policy formation on cigarette use

Tobacco use, poor health, important economic factors and public policy

Herbert Perlman, MD

Tobacco has been influential as an economic force in the United States for centuries. As the economic clout of the tobacco interests has increased, Congress has reacted favorably on behalf of the tobacco industry. The favored status of the tobacco industry has been in decline, however, in the past two decades because of shifts in power within the policy-making apparatus of the federal government. This paper describes the economic power of the tobacco industry in the United States, the effect of tobacco use on the health of its citizens, and the financial burden created by tobacco-related illness. Finally, an episode relating to the development of policy on tobacco use will be described in an effort to understand the application of the various forces in the policy-making apparatus of our society.

History

The Indians introduced the use of tobacco to the discoverer of the New World. Columbus brought the leaves of the tobacco plant, ultimately named *nicotania tabacum*, back to Spain. In Europe, tobacco initially was used in the belief that it was an herb with some medicinal value.[1]

The use of tobacco spread in England, but not without critics. In 1604, King James I published an antismoking tract entitled, "A Counterblaste to Tobacco." He also instituted high import duties on tobacco. Objections to tobacco use as early as the Seventeenth Century included allegations that tobacco was deleterious to health as well as morally offensive. Despite opposition, however, the use of tobacco continued to increase throughout Europe.

In America, as elsewhere, methods of use of tobacco changed. In the early days, pipes and snuff were favored. Later, chewing tobacco and cigars became popular. Gradually, the use of cigarettes increased due to two factors. One was their use by Union soldiers during the Civil War. These soldiers spread cigarette use throughout the Union.[2] A second and major reason for the increase in the use of cigarettes was the invention of the cigarette-making machine in 1881, permitting the mass production of 200 cigarettes per minute.[3]

Although cigarettes initially were not considered very respectable, with the passage of time their use became socially acceptable—both for adult men and adult women. Smoking by young people always has been discouraged. There were serious antismoking movements in America, often directed at protecting the young people. As of 1890, there were laws prohibiting the sale of cigarettes to minors in 26 states. The laws, however, were not successful. Antismoking activists pressed on until

Dr. Perlman is chairman of the department of radiology at Carlisle Hospital and clinical associate professor of radiology for Jefferson Medical College of Thomas Jefferson University.

laws causing total prohibition on cigarette sales were enacted in 15 states. Two states had heavy taxation on sales.[4] Such antismoking forces were comprised of educators, reformists, and businessmen. They founded the National Cigarette League, the Consolidated Anti-Cigarette League, and the Non-Smokers Protective League of America.[5]

The antismoking groups during this era made three major assertions. They indicated that smoking led to moral degeneracy, caused poor health, and infringed on the rights of others.

There were prosmoking forces in the late 1800s and early 1900s, but they were not well organized. With the advent of World War I, a shift in the status of cigarettes occurred so that smoking became more popular. After World War I, the various states began to repeal the antismoking laws despite the efforts of various reform groups.

At the war's end, organizations in support of tobacco use became active. The Tobacco Merchants Association, the Allied Tobacco League of America, and Smokers Against Tobacco Prohibition were formed.[6] The prosmoking forces held that there was no medical evidence of harm from smoking, that legislation against smoking was an infringement on personal liberty, and, for the first time, that the tobacco industry was an important economic factor in the nation. Smoking progressed in popularity from the 1930s to the 1950s. A shift in the status of smoking occurred, however, with the publishing of scientific evidence of the dangers of tobacco use and the resultant change in attitude of the public.

Economic impact

The use of tobacco in America has a vast economic impact on the country—both positive and negative. To understand the continued reason for the toleration of the negative economic factors relative to the health care dollar, the positive economic influence must be understood.

About 1.3 million part-time or full-time workers were employed on 276,000 tobacco farms in America in 1977.[7] The tobacco crop amounted to $2.5 billion in 1978—representing 2.3 percent of farm income, as the sixth largest cash crop in the United States. Significantly, tobacco is extremely important as a crop in the six southern states of: North Carolina, Kentucky, Tennessee, Virginia, South Carolina, and Georgia. Other states producing tobacco include: Maryland, Pennsylvania, Ohio, and Wisconsin. Of the top six, North Carolina and Kentucky account for about 60 percent of the tobacco crop. The tobacco farmers have not been organized into a powerful interest group. Their power, however, results from the great number of tobacco farmers, particularly in the top producing states. Such great numbers—translated into voters—affect the members of Congress from those states. Despite the lack of organization into a vigorous interest group, the influence of the farmers as a voting block is substantial as exemplified by the tobacco price-support program. The Federal Government sets a minimum for tobacco and then buys the tobacco that cannot be sold above that price.[8]

There are six major cigarette manufacturing companies in America. They are: Brown and Williamson Tobacco Company, R.J. Reynolds Tobacco Company, American Tobacco Company, P. Lorillard Company, Philip Morris Company, and the Liggett and Myers Tobacco Company. Utilizing advertising, the companies compete among themselves vigorously. The combined advertising expenditures of the cigarette manufacturing companies in 1983 amounted to $1.5 billion.[9]

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The expenditure is for newspaper, magazine, and billboard advertising, and is 500 percent greater than the $300 million spent on advertising in 1970, the year of the prohibition on radio and television advertising.[10]

Tax revenues from federal, state, and local excise taxes on tobacco amounted to about $6.2 billion in 1977. State cigarette taxes amounted to an average of 15.3 cents per pack in 1983.[11]

As of 1982, tobacco products were responsible for $60 billion of the nation's economy, or about 2.5 percent of the GNP (gross national product) and for employing 2.5 percent of the national work force.[12]

Approximately 53,000,000 Americans smoke. Smokers constitute 38 percent of the male population and 30 percent of the female population. They spend approximately $16 billion per year for cigarettes. Of interest is the fact that the money spent on cigarettes equals 40 percent of that spent on new cars and 150 percent of that spent on drugs and sundries.[13]

Mitigating against the positive economic effects of tobacco use are the negative effects—both economic and relative to health care. That cigarette smoking is a very significant cause of death and illness in America has been proven conclusively.

Linking smoking and health

Ascertaining that there is a link between smoking and diseases has been slow in developing. Actual scientific studies on tobacco as a carcinogen have been relatively recent and were undertaken largely as a result of suspicions of a possible correlation between smoking and cancer such as that reported in the *Journal of the American Medical Association* in 1958. In that article, the smoking habits of 187,783 men were evaluated. Death rates were higher among the cigarette smokers than the nonsmokers. Such mortality was found to increase with the number of cigarettes smoked per day.[14] Basic scientific research has determined that chemicals in tobacco smoke caused cancer in animals.

Epidemiological studies, as summarized in the various "Reports of the Surgeon General," have determined that cigarette smoking is correlated to mortality and morbidity in diseases such as cancer of the lung, mouth, larynx, esophagus, urinary bladder, pancreas, and kidney.[15]

Cigarette smoking is also positively associated with morbidity and mortality from atherosclerosis, coronary heart disease, cerebrovascular disease, peptic ulcer disease, chronic bronchitis, and emphysema.[16]

Cigarette smoking during pregnancy is to be associated with conditions such as diminished fetal growth, decreased birth weight, and fetal death.[17]

Over 129,000 Americans will die from cigarette-related cancer each year.

About 170,000 Americans die of cigarette-related coronary heart disease each year.

Another 51,000 Americans die of cigarette-related chronic obstructive lung disease each year.

Some information relative to the enormous economic impact caused by such illness and death is now in order. Much statistical evidence has been accumulated relative to the evaluation of the cost of tobacco use. Some statistics are:

1. Smokers of one pack per day have a 50 percent greater rate of hospitalization than nonsmokers.
2. Smokers of one pack per day have 50 percent greater absenteeism and illness than nonsmokers.
3. Smokers of two packs per day have 200 percent greater absenteeism than nonsmokers.
4. In 1965, smoking caused the loss of 77,000,000 working days.[19]

Each year, $15 billion of medical care costs are *consumed* by the *consumers of* tobacco. Additionally, annual loss of productivity because of early death and illness related to smoking amounts to $24 billion. With the exception of the vast positive economic impact on the entire chain of tobacco producers, manufacturers, retailers, and advertisers, it is obvious that smoking has a marked negative effect on the physical, mental, social, and economic health of our country.

Public policy on smoking

At any one time, the various factors influencing any existing public policy relative to tobacco use are in a state of equilibrium. The equilibrium is achieved when opposing and supporting forces are arrayed in various combinations and coalitions to achieve a political balance—the result of which at any time is the current public policy. The power of the forces or interest groups wax and wane from time to time thus shifting the state of equilibrium.[21]

The actual forum for the policy formation, whether executive, legislative, or judicial, might itself change within the institution of government. To obtain a change of forum, for example, from the legislative to the executive (or the bureaucracy), might be a strategy employed by an interest group to foster a change in policy. A shift in public policy occurred as a result of the battle that developed in the 1960s concerning warning labels on packages of cigarettes. (A similar, but less virulent, battle over stronger labeling has occurred in the early 1980s.)

Before describing the battle, it is necessary to enumerate the various players and adversaries as well as the different arenas of confrontation. Arenas for confrontation and policy formation relative to labeling of advertisements of the potential harmful effects of smoking were institutionally located in the Department of Health, Education and Welfare (subsequently Health and Human Services), Department of Agriculture, the Federal Trade Commission, the Federal Communications Commission, the Congress, and the Office of the President.

The most important lobbying organization of the tobacco interests is the Tobacco Institute with headquarters in Washington, DC. The institute was formed in 1958 and has some 83 staff members. It is widely believed that the major tobacco companies are supporters of the Tobacco Institute.* The budget of the Tobacco Institute and financial support relative to the organization are not public information.

Each year, $15 billion of medical care costs are consumed by the consumers of tobacco. Annual loss of productivity because of early death and illness related to smoking amounts to $24 billion. . . . Smoking has a marked negative effect on the health of our country.

Until the 1960s, tobacco had favored status, supported by the tobacco subsystem. A subsystem is defined by Fritschler as a "structure dependent upon a larger political entity but one that functions with a high degree of autonomy."[22] The tobacco subsystem itself included the representatives of the various tobacco producers and manufacturers, the members of the House and Senate representing the tobacco constituencies, the important members of the related congressional committees, and the Department of Agriculture. Of extreme importance relative to the tobacco subsystem is the fact that 25 percent of Senate committees and 33 percent of House committees were chaired by members from the six tobacco states. This subsystem functioned to keep factors affecting tobacco use at an optimum level relative to the "tobacco interests." In this manner, an equilibrium favorable to the tobacco interests was achieved. In the 1960s, forces were brought to bear on the subsystem that were meant to diminish the power of the tobacco interests. This resulted in a battle to maintain the old equilibrium.

Although force had been brought to bear in the past by various government institutions endeavoring to require warnings to tobacco consumers they were to no avail because of the power of the tobacco subsystem. Events in the 1960s were to change the arena and the players, thus causing a shift in equilibrium and policy.

The harmful effects of tobacco were proved by the availability of more and more evidence. In 1962, the surgeon general formed an Advisory Committee on Smoking and Health, which released a report concerning the deleterious effects of smoking on January 11, 1964. One week later, on January 18, 1964, the Federal Trade Commission (FTC) announced its intent to evaluate rules pertaining to warning labels regarding advertising and labeling of cigarettes. Hearings for the proposed rules were held on March 16, 1964.

The first rule was a requirement that a health warning be placed on all cigarette packages and advertisements, which would take one of two forms:

CAUTION—CIGARETTE SMOKING IS A HEALTH HAZARD. *The Surgeon General's Advisory Committee has found that "cigarette smoking contributes to mortality from specific diseases and to the overall deathrate";*

or

CAUTION: *Cigarette smoking is dangerous to health. It may cause death from cancer and other diseases.*[23]

Another part of the rule tried to ban from advertising those features which contributed to the impression that cigarette smoking caused good health or wellbeing. During the hearing process, the strategy of the tobacco industry was to claim that the Federal Trade Commission did not have the power to make such rules. Their contention was that the FTC was not authorized to make rules under the FTC Act of 1914. The commission, of course, indicated that it had been delegated such powers by the Congress when the Act was passed. This interpretation was made

**During a personal communication with the institute, the organization would not release any names of supporting companies. A member of Congress provided some information about the institute, but could not supply the names of any contributing companies.*

despite the fact that substantive rules had not been written by the FTC except in a few cases. The rules affecting cigarette advertising were promulgated in the *Federal Register* and were to take effect on January 1, 1965.

Representative Oren Harris of Arkansas, chairman of the House Interstate and Foreign Commerce Committee, asked the chairman of the FTC, Paul Dixon, to delay implementation of the rules until the next Congress. Following agreement to do this, hearings were scheduled for both House and Senate committees, in the early months of 1965. The committees evaluating the Federal Trade Commission regulations were the House Interstate and Foreign Commerce Committee and the Senate Commerce Committee. At least eight members of the House Committee were from tobacco-producing states.

The antismoking forces were not as well organized or financed as the tobacco interests. There was a lack of unity of presentation of the health groups. For example, the surgeon general indicated that the FTC might not be the agency best able to enforce labeling and advertising requirements and that such enforcement should be controlled by HEW.

The tobacco interests, however, performed ably. The thrust of their argument was that policy in a democracy should be made by Congress, and not by an administrative agency. Other arguments were used to refute medical testimony relative to the danger of smoking. They indicated that the surgeon general's report was not based on clinical evidence—but used statistical data for conclusions.

The Congress used its power of oversight relative to the agency by passing a bill which was signed, without the usual fanfare, by President Lyndon B. Johnson on July 27, 1965. The legislation was specific in that it abrogated the proposed rule and prohibited the FTC from considering a health warning requirement in cigarette advertising for four years.[24]

The Cigarette Labeling and Advertising Bill also prohibited other agencies, such as the FCC, from acting to require health warnings in advertising. State and local action along the same lines was prohibited by the bill—a provision very much desired by the tobacco industries.

As opposed to striking down the proposed rules on advertising, the new law required warning labels on cigarette packages. Funds were appropriated to establish a national clearing house for smoking and health to function as part of the Public Health Service. The purpose of the agency was to conduct educational programs and to collect data relative to smoking and health.

This brief history events and circumstances sheds some light on policy formation relative to tobacco use. Since 1965, other happenings relative to cigarette use can be considered as shifts of equilibrium. It is certain, however, that the overall tilt of equilibrium has been in favor of the health interests. Mention should be made of other recent policy changes. Many states and localities have limited smoking in public or work places.[25] There has been a change in the previous federal tobacco subsidy program through a "no net cost to tax payers" law effective in 1982. This law requires tobacco growers to reimburse the government for losses resulting from price support loans to farmers. Interestingly, prior to passage of the law, the American Medical Association reversed a policy of 15 years by calling for a halt to federal subsidization of the tobacco farmers.[26]

Finally, a new cigarette labeling bill, the Comprehensive Smoking Education Act, was passed on October 12, 1984. This bill required periodic rotation of labels and advertising of a more serious and threatening nature than previous labels. Two examples are:

SURGEON GENERAL'S WARNING: *Smoking Causes Lung Cancer, Heart Disease, Emphysema, and May Complicate Pregnancy*

or

SURGEON GENERAL'S WARNING: *Smoking By Pregnant Women May Result in Fetal Injury, Premature Birth, and Low Birth Weight.*[27]

This law was the product of fierce negotiations between the interested parties. The industry compromised and accepted a bill because of threats of higher cigarette taxes.[28]

Conclusion

It is important to note that this change in public policy was effected with the help of powerful, yet relatively nameless, bureaucrats. Greater positive access to the bureaucracy might be the correct approach for the medical profession when trying to effect changes in health care policy—of which cigarette smoking is only one segment.

The medical profession should bring more pressure to bear on the bureaucracy involved in policy-making. Since the politicians as well as the public are clamoring for a decrease in medical care expenditures, the medical profession should be forceful and vocal regarding mechanisms to cut such costs through efforts to diminish preventable illnesses.

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in my opinion

Star wars versus tar wars

J. Mostyn Davis, MD

The tobacco industry has fooled us again! Using the same type of high technology and imaginative fantasies that allowed Luke Skywalker to destroy Darth Vader's spaceships with laser weapons, thousands of billboards and full page newspaper and magazine advertisements have tried to convince the American public that Barclay cigarettes contain but 1 mg of tar per cigarette. As it turned out, it was the rival tobacco companies who blew the whistle on Brown and Williamson, the makers of Barclay.

Anyone who can read must be aware of the "Great Tar War." At the same time each of the major tobacco companies insists that their cigarettes contain the least amount of tar; they all poo-poo the health dangers of smoking cigarettes. In case you ask why all the fuss, let it be known that in its first 18 months on the scene, Barclay captured a 1.5 percent share of the cigarette market. Current industry figures indicate that each percentage point of the market share is worth—get this—$123 million dollars per year. Barclay's share of the take comes to $195 million per year. Not bad for an 18 month old.

It seems that Brown and Williamson designed a filter which could fool the Federal Trade Commission's (FTC) smoking machines. By the way, all of the tar figures for cigarettes come from machine smoking tests. It is generally not assumed that people take exactly the same depth puffs at precisely the timed intervals the machines do, so the tar levels—about which there has been so much advertising—really do not apply to smoking people anyhow. Rival cigarette makers complained to the FTC about the sneaky filter. Instead of 1 mg of tar that Barclay has been claiming, it turns out that the FTC found the actual level was between 3 and 7 mg of tar per cigarette.

Brown and Williamson went to court to keep the FTC paralyzed and a Kentucky federal judge temporarily stopped the agency from proceeding further; however, capital columnist Jack Anderson got wind of the battle, and some of the information in this essay is taken from a United Features syndicated column published under Mr. Anderson's byline.

Three FTC consultants, "all agree that the commission should act to inform consumers that Barclay is not a 1 mg tar cigarette." The FTC's suppressed draft statement said in part, "the relative delivery of carbon monoxide is significantly greater than suggested by the current FTC rankings." In addition, the statement mentions that the tar content is higher than Barclay had been advertising and warns that because of the unique construction of the filter, higher tar levels occur automatically. "They cannot be avoided even by informed consumers."

This essay deals with current and prospective marketing trends in the tobacco industry. The cover article, on page 31, is a discussion of the history of the industry and its relationship with government.

Several other disturbing things have happened in the cigarette industry lately which also are significant. There has been large scale general diversification by all of the giant cigarette manufacturers. I wonder if they have seen the "writing on the wall," or is it simply a part of good business management?

Another trend is to continue to extend the length of the cigarette. It now appears that they are about as long as feasible for a tobacco-filled paper tube. Can anyone better 120 mm? Will 150 mm be next?

Another manufacturer has begun to cram 25 cigarettes in each pack. Now, not only will a pack a day, a term used to calculate the total amount of cigarettes consumed when taking a smoking history, be thrown off, but more damage per pack will be inflicted on the hapless smoking public.

Mr. Melvin Belli, the noted trial lawyer, recently lost a litigation against a tobacco company for liability to a client. Although this particular case was unsuccessful, Mr. Belli avers he will keep trying until he is able to force the tobacco companies to accept the liability inherent in marketing a product as harmful as cigarettes. This is good news for two reasons. If Mr. Belli is busy suing tobacco manufacturers, he will not be suing doctors, and finally, the tobacco concerns are due to be made responsible for the unconscionable death and disability they flaunt openly before a nation which has been duped for too long by false advertising.

Ever so slowly I see the pendulum beginning to swing back against cigarette smoking. More smokers are stopping and fewer persons are beginning. However, the female teenage population continues to be the only group in our culture with an increase in smoking incidence. This is very discouraging because of the three-fold damaging effects of cigarettes on young women: damage to their own bodies, injury to their defenseless unborn babies from smoking during pregnancy, and harm to other children in the family.

So Darth Vader has not given up. He continues to assure us that smoking is a harmless, pleasant, adult pastime enjoyed by millions of Americans. Underneath that dark exterior, however, there is some turmoil. It was his own henchmen who caused the trouble about the Barclay advertising. It is always nice to notice dissemination in the ranks of your antagonists, but it is far too soon to put away the swords and relax.

The "Force" is slowly gaining strength and must triumph in the end, but it is a tragedy that thousands of lives must be ravaged by tobacco before that time comes. □

Dr. Davis is a family physician at the Geisinger Medical Center in Danville. He is a member of the PMS Board of Trustees representing the Fourth District.

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Physician observes British medical practice

Christine Dotterer, MD

My husband's sabbatical leave two years ago presented me with an opportunity to experience medical practice in a socialized system. His work took him to London (he is a professor of English at Susquehanna University). We packed thirteen suitcases, and with our two children (then ages 12 and 2) left Selinsgrove, where I am a family practitioner, to spend a year in Great Britain.

A college friend already practicing medicine in England warned me that I was about to meet an extraordinary beast: the British bureaucracy. Therefore, I arrived in the United Kingdom armed with the originals of all the diplomas I had ever earned plus a briefcase full of correspondence with England's General Medical Council.

Even before we left home I learned that although I am a fellow of the American Academy of Family Physicians, I would be permitted to do only house officer work during my stay in Great Britain, because I was a foreign physician. Great Britain has no equivalent to the family physician. Medicine there separates general practitioners and hospital physicians absolutely: GPs admit no patients and refer possible hospital cases to specialists. (In some rural areas GPs are the sole physicians at "cottage hospitals.") Although I was unenthusiastic about resuming in-hospital night duty and apprehensive about grappling with unfamiliar British names for familiar (and unfamiliar) drugs, I decided to look for a position when we had settled in.

The *British Medical Journal*, the major professional journal in the country, publishes a weekly supplement listing temporary—or locum tenens—positions. Soon after our arrival I sent out letters applying for various jobs in medicine, pediatrics, obstetrics, gynecology, geriatrics, and public health.

Despite the formal advertisement of these positions, most posts are filled from a supply of "regulars." After a few weeks of non-productive postal exchanges, I circumvented the system, relying on my American physician friend for a contact. With his help my first two-week locum was arranged. I served as the registrar (the British term for resident) responsible for running the psychiatric day hospital at one of London's largest teaching hospitals and medical schools. That job was the beginning of eight straight months employment as a psychiatrist in the National Health Service of Great Britain.

My first patient was a charming, manic homosexual French waiter sent in by a consultant (attending physician). This young man's extravagant current plans included a large party in his small flat, to which he had invited several hundred people. He showed me polite notes from, among others, Prime Minister Thatcher and Princess Diana—all declining his invitation. His exhausted companion was worried about the $500 worth of pate and the crates of French champagne due to arrive, rather than the prospect of greeting the rich and famous.

To my surprise, I was expected to treat this man as a day patient. When, on his way to have a routine chest x-ray, he bought a $75 date palm at the hospital gift shop, I became uneasy. When, over the patients' telephone, he bought two pianos at auction, I decided to act. Clearly, he needed to be admitted before he bought out Harrod's.

Admitting a psychiatric patient against his will might qualify as a textbook example of British bureaucracy. First, one must locate an available bed—not an easy task, even at one of London's largest hospitals. Should a bed miraculously appear, there is no way to reserve it—one just hopes it won't be taken before all the formalities are completed.

Next, the doctor must produce simultaneously the patient, his general practitioner, his nearest relative, the district social worker, and an "approved psychi-

Dr. Dotterer maintains a family practice in Selinsgrove.

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atrist" (one of the handful of consultants who have agreed to provide a second opinion at a moment's notice). Since it is unlawful to restrain the patient until all members of this group appear, it's not surprising that the patient often decides to move on in the meantime. This gentleman did. After a search involving the police, the district social worker, and his friend, we were able to admit him to the psychiatric ward two days later. He remained there for about three months, a relatively short psychiatric stay, before returning to the day hospital and eventually, to work.

During the remainder of my training as a British psychiatrist I observed British medicine in general and reflected on our different methods of health care delivery. Access to health care in Great Britain isn't based on the ability to pay. Nor is it based on any simple determination of the patient's need for medical care. Instead, like many features of the society itself, British medicine is rationed by the queue.

Acute medical care is recognized by many as good, once the patient arrives at a hospital. Ambulance service is slow, though, and only certain hospitals provide emergency services. Many hospitals that currently have accident wards are losing them with the newest budget cuts. In London those hospitals with emergency services are clustered in a relatively small central area, while vast residential districts have none.

Chronic illness poses a greater problem. Procedures considered elective have very long waiting lists, and these waits are becoming longer as a result of recent budget cuts. For example, a forty-year-old with severe rheumatoid arthritis, requiring narcotics for pain control, often has a five-year wait for a hip replacement.

Many of the decisions about who gets treatment and who does not are based on value judgments about a patient's social worth. People over 65 have a low priority for aggressive treatment. Those over 55 are not candidates for kidney dialysis. Lower social classes and immigrants are less likely to receive adequate treatment. (Of course, some prejudices also occur in U.S. medicine.)

Many preventive health services as we know them are not widely available (for example, blood pressure screening, cholesterol checks, measles/mumps/rubella immunization.) Also, little effort seems to go into early detection and treatment of potentially serious problems. Routine pap tests are only "allowed" once every five years. The rates of cardiac pacemaker implantation and coronary artery bypass surgery are low. Ironically, while British scientists have done pioneering research in these areas, the benefit of this work often hasn't filtered down to the average patient.

Private medical insurance schemes are starting to proliferate, but they only partly address the problem. These new schemes, often offered as "perks" to business executives, merely place people further forward in the queue—allowing them to see doctors earlier or in elegant surroundings, such as the fashionable Harley Street. They don't give an alternate delivery system or provide care people wouldn't eventually get. If people with private insurance need to be hospitalized, they go to a National Health Service hospital, but to a more pleasant, private floor. For a doctor's private fee to be reimbursed by the insurance companies, that doctor must also be a consultant in the NHS.

The length of stay in British hospitals is much longer than the length of stay for the same illness in the U.S. British doctors, for example, expect a healthy young person to spend two weeks in the hospital for an uncomplicated cholecystectomy. Patients there *do* have more time to recover, which may keep older people from needing nursing home care. (Nursing home care is essentially reserved for very disabled elderly people who are unable to stay at home even with superhuman effort on the part of their families and support from many social agencies.) On the other hand, a major problem is lack of hospital beds, and earlier releases would free more beds for new patients.

British health care is far from "free." National Insurance payroll deductions from my salary (which include unemployment as well as health) were almost equal to the amount that my family paid for Blue Cross/Blue Shield coverage in the United States. If my husband had been earning a salary in England, he would have paid an additional NI de-

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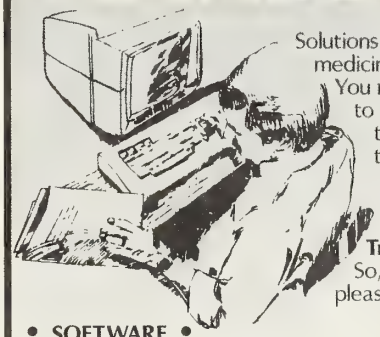

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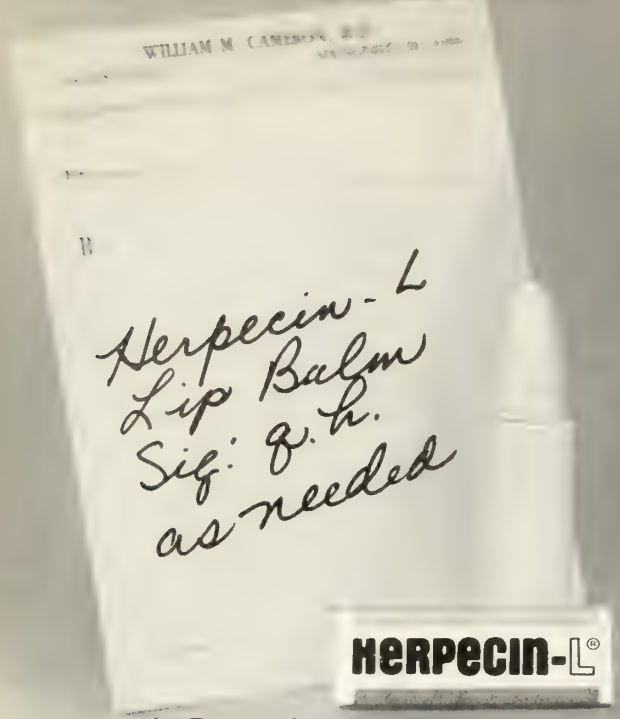

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duction, determined by his salary level.

Each person must register with a GP; the GP then gets a monthly fee for carrying this person plus a small fee for each visit. GPs are responsible for 24-hour care for their patients and must make house calls whenever needed. In the larger cities most GPs use a deputizing service, where a hired substitute provides out-of-hours services. People don't go to "Accident and Emergency" (the emergency room) for routine urgencies such as ear infections; instead, the local doctor makes a house call if the illness happens at night.

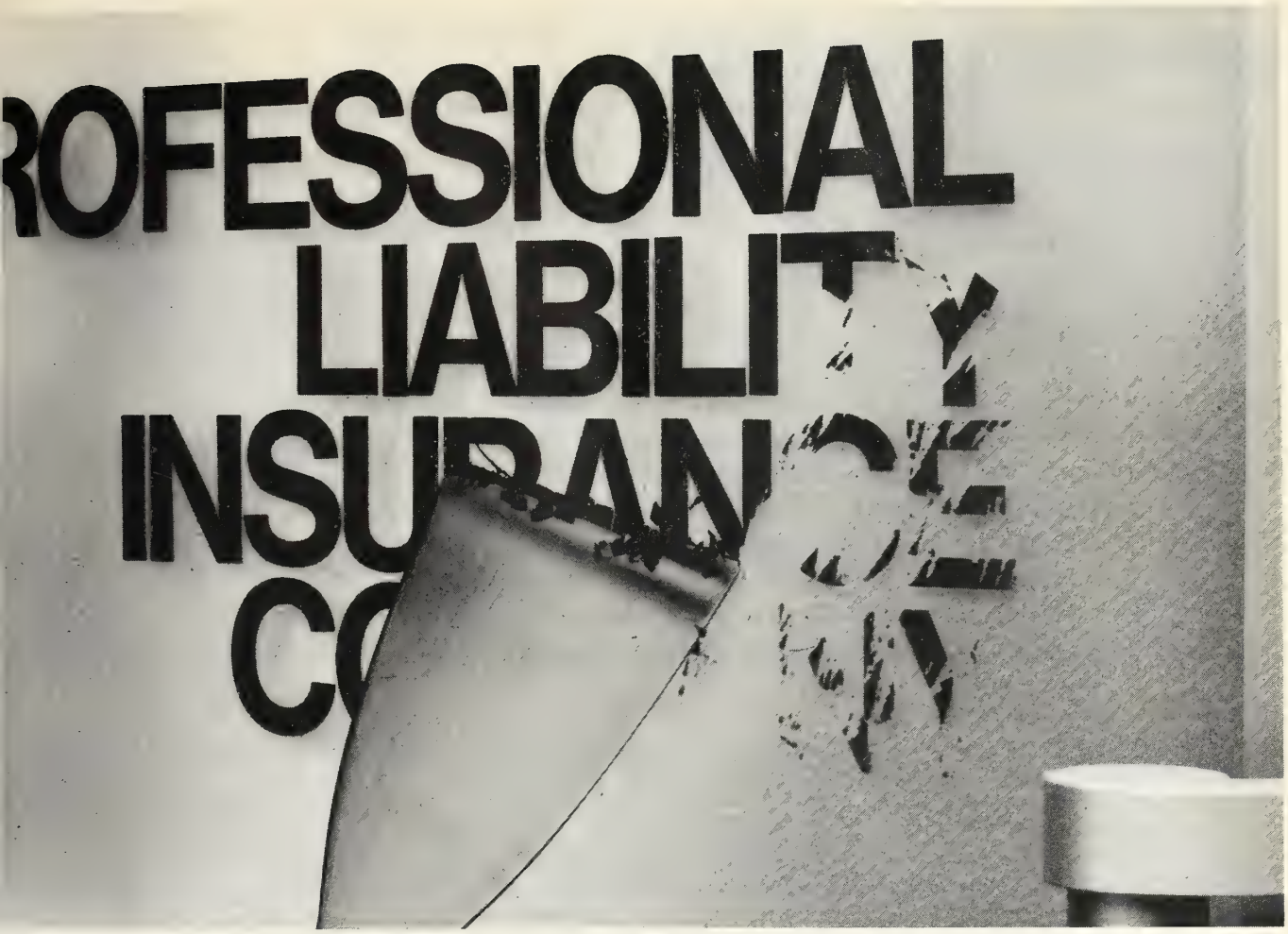
Because of the requirement to make house calls, GPs only accept as patients people who live close to their offices. If you don't like your GP and want to switch to another one, you need the permission of both the old and the new GP. A person cannot be seen by a specialist unless the GP approves (and requests) it. A patient who is dissatisfied with the quality of his medical care does not have much recourse.

GPs also have the option to "throw people off their lists"—that is, to refuse to provide medical care for that person without advance warning. People who are mentally ill, or who act in a manner which is considered uncooperative, risk medical abandonment. An anecdote may serve as an example: A friend of mine had several episodes of cystitis in a short period of time. Her GP treated her empirically each time, and refused to do initial or follow-up cultures, much less an intravenous pyelogram or cystoscopy. My friend developed another infection on a weekend and, since she was very uncomfortable, called the deputizing service for a prescription. The deputy on call only gave her enough medicine for a few days, so she went to the office for more antibiotics on the following Monday. Although she was still febrile and uncomfortable, she was "thrown off the list" simply for calling the deputizing service (the GP had to pay for the visit). She was not given any medicine and had to look for a new doctor while she was ill.

As with any system, there are positive and negative aspects to the one in Great Britain. I felt some GPs did not examine their patients carefully: A friend who was in a GP training program told me his patients were scheduled every three minutes. The *British Medical Journal* published a study showing that 80 percent of men in their 20s, who had been seen by their GPs, had not had a blood pressure reading recorded in the last ten years. When my son went to the doctor with an earache, only his ears were examined.

On the other hand, British support services are prevalent. Day centers and luncheon clubs for the elderly and the mentally ill are exemplary and effective. There are many types of home health visitors—child health and geriatric visitors, psychiatric visiting nurses, and midwives who make home visits. General practitioners (or their deputies) make house calls whenever patients need them. Prescriptions are free for children under the age of 16, and adults pay a token fee.

In all, I enjoyed my experience in Great Britain, and I learned from it. But I worry when I see the United States moving in the direction of bureaucratic control of health services. As government makes policies on payment, access to services diminishes; incentives for providing excellent, individualized care are eroded, and in their place develops a cumbersome, impersonal bureaucracy. □



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medical feature

Neurosarcoidosis presenting as chronic lymphocytic meningitis

Gary R. Plotkin, MD, FACP
Bhupendra R. Patel, MD

Sarcoidosis is a multi-system disease which may present with extrapulmonary manifestations including those referable to the nervous system. A patient with chronic lymphocytic meningitis due to sarcoidosis is reported. Although significant morbidity and mortality is associated with neurosarcoidosis, the daily administration of prednisone improved our patient's symptomatology. This clinical benefit correlated with the improvement in the abnormal cerebrospinal fluid analysis and was not favorably affected by the administration of colchicine and indomethacin.

Sarcoidosis of the nervous system is a well recognized clinical and pathologic entity, and its various manifestations have been reviewed in the medical literature.[1-3] Sarcoidosis may affect all areas of the nervous system including both central and peripheral divisions, and disease apparently limited to the central nervous system (CNS) has been described.[4] Described herein is a patient with neurosarcoidosis whose clinical course emphasizes certain unusual features of this disorder.

Case report

A 32-year-old male was initially admitted to a hospital in February, 1980, with a two month history of ataxia, dyspraxia, headaches, and right homonymous hemianopia. Radiographically, a mass lesion was demonstrated in the left occipital cortex which subsequently was partially resected. Histologically, the lesion revealed innumerable granulomas involving the leptomeninges and cerebral cortex, and the special stains for fungi and mycobacteria were negative. Based upon a presumptive diagnosis of CNS tuberculoma, antituberculous therapy was started. Six weeks thereafter the patient required anticonvulsant therapy for control of grand mal seizures. Apparently, the patient did not return to his private physician after discharge, and thus he received only several months of antituberculous medications.

The patient presented to our medical center in June, 1982, with headaches and diplopia, and a computed tomographic scan of the head showed the residuum of the previous left posterior craniotomy. The cerebrospinal fluid (CSF) analysis revealed a protein 430 mg/dL (normal 15-45 mg/dL); glucose 43 mg/dL; white cell count 39/cu mm with 100 percent lymphocytes; and negative VDRL, gram stain, india ink, Ziehl-Neelsen stain, and cryptococcal latex agglutination. The patient was continued on isoniazid and rifampin but required anticonvulsants for partial control of frequent grand mal seizures.

In November, 1983, the patient was admitted for ataxia and lethargy. Positive physical findings were limited to the CNS and consisted of a right homonymous hemianopia and impairment of the higher cerebral functions. The patient had been taking isoniazid and rifampin for the previous fifteen months, and repeat lumbar fluid analysis consisted of a protein 504 mg/dL; glucose 30 mg/dL with simultaneous blood glucose 118 mg/dL; white cell count 21/cu mm with 100 percent lymphocytes; and negative VDRL, gram stain, india ink, auramine-rhodamine stain, Kinyoun stain, Histoplasma capsulatum yeast micro-complement fixation (micro-CF), histoplasmin micro-CF, Cryptococcus neoformans latex agglutination, Aspergillus fumigatus micro-CF, Blastomyces dermatitidis micro-CF, Candida albicans micro-CF, and Coccidioides immitis micro-CF. CSF cytology revealed benign appearing lymphocytes. Chest roentgenograms; urinalysis; and serum electrolytes, calcium, phosphorus, creatinine, creatine phosphokinase, and protein electrophoresis were normal.

Complete blood count included a white cell count 5,400/cu mm with 72% segmented neutrophils and 28% lymphocytes, hemoglobin 17.4 g/dL, hematocrit 51.1%, and platelets 259,000/cu mm. PPD intermediate strength and booster skin tests were negative (zero mm induration). Because of mildly elevated liver function, a percutaneous liver biopsy was performed, and histologically there were scattered lymphocytic infiltrates within the parenchyma and in the portal triads. Stains and cultures for bacteria, fungi and acid fast organisms were negative. Bone marrow and transbronchial lung biopsies were also performed; however, these tissues did not demonstrate any abnormalities microscopically and appropriate cultures were negative.

Retrospectively, cultures of CSF and brain tissue obtained at the craniotomy in 1980 were all negative, and because

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of the clinical impression of neurosarcoidosis, the antituberculous therapy was discontinued in December, 1983, and a therapeutic trial of prednisone was begun at 60 mg daily. Shortly thereafter, repeat spinal fluid analysis demonstrated for the first time marked improvement in the lymphocytic pleocytosis, hypoglycorrachia, and elevated protein. During the ensuing year, it was determined that prednisone 50 mg daily was required for the control of the patient's lethargy, seizures, and abnormal CSF findings and that indomethacin, colchicine, and alternate day prednisone therapy (150 mg) were not efficacious.

Discussion

Ellner and Bennett[5] extensively reviewed chronic meningitis, and in their series, the patients presented in a subacute or chronic manner with varying combinations of fever, headache, lethargy, confusion, nausea, vomiting, and meningismus. Of the infectious etiologies of chronic meningitis, such entities as tuberculosis, cryptococcosis, histoplasmosis, coccidioidomycosis, blastomycosis, actinomycosis, nocardiosis, brucellosis, cysticercosis, syphilis, leptospirosis, and toxoplasmosis must be considered. Of the non-infectious causes, carcinomatosis, sarcoidosis, granulomatous angiitis, Mollaret's meningitis, chronic benign lymphocytic meningitis, Behcet's syndrome, and Vogt-Koyanagi-Harada syndrome must be included in the differential diagnosis.

Neurosarcoidosis has a wide spectrum of clinical presentations, and as demonstrated by our patient, this disease may present as a mass lesion. Additionally, sarcoidosis may be limited to the CNS and cause chronic lymphocytic meningitis which may be clinically indistinguishable from meningitis due to various other etiologies. Since neurosarcoidosis has a variable clinical course, it is difficult to determine the efficacy of specific therapeutic modalities; however, prednisone, chlorambucil, azathioprine, and cranial irradiation have been employed with variable results.[6-8] Since indomethacin and colchicine have been administered to patients with acute exudative pulmonary sarcoidosis and aseptic meningitis respectively, these medications were administered separately to our patient as his prednisone dosage was being adjusted.[9,10] Based upon the analyses of serial lumbar punctures, there was no obvious benefit derived either from indomethacin or colchicine. Lastly, daily prednisone and not alternate day therapy was necessary to maintain clinical improvement and control of the spinal fluid pleocytosis and abnormal chemistries. □

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Michael Kusiak, MD, Family Practice, 6 Holiday Court, Kingston 18704
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Myung S. Yoon, MD, Internal Medicine, 100 West Diamond Avenue, Hazleton 18201

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Carol M. Kershbaum, MD, Family Practice, 1400 Old York Road, Abington 19001
Maged S. Khoory, MD, Hematology, 302 Ocean Plaza, Longport, NJ 08403
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Mukesh D. Bhatt, MD, Physical Medicine/Rehabilitation, 2657 Schoenerville Road, Bethlehem 18017
Che-Yi Chang, MD, Anesthesiology, 55 County Club Lane, Phillipsburg, NJ 08865
Mahakhurshid Irani, MD, Colon/Rectal Surgery, 2030 Lehigh #116, Easton NJ 18042
Eduardo C. Lomibao, MD, Anesthesiology, P.O. Box 617, Memorial Parkway, Phillipsburg, NJ 08865
Volmar A. Mereschak, MD, Obstetrics/Gynecology, 985 Belvidere Road, Phillipsburg, NJ 08865
Constante D. Pacis, MD, Anesthesiology, 4 Briarstone Road, Phillipsburg, NJ 08865

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YORK COUNTY

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Family practice physician or internist with primary care orientation to establish private practice in western Pennsylvania. Affiliated with medium-sized, progressive, acute care hospital. Excellent financial and relocation package. Available July 1986 or before. Board certified or eligible and licensed in Pennsylvania. Respond to PMS Physician Placement Service, Department CON-0686-IM29, 20 Erford Road, Lemoyne, PA 17043.

Pediatrician BE/BC to replace retiring third member of corporation of pediatricians in Spring 1986. An interest in male adolescent medicine desirable. Salary first year. Bucks County, Pennsylvania. Reply to Box 158, PENNSYLVANIA MEDICINE, 20 Erford Road, Lemoyne, PA 17043.

Medical directors—NEEMA Medical Services has unique opportunities for physicians Board eligible or certified in primary care specialty. Clinical or developmental disabilities/chronic care background, with administrative experience. NEEMA offers competitive compensation, regular weekday hours with largely optional call/coverage, paid malpractice, vacation, holidays, continuing medical education leave. Opportunities also to initiate/direct comprehensive health care program. Positions in PA and elsewhere, including staff. Further information: NEEMA Medical Services, Suite 400, 399 Market Street, Philadelphia, PA 19106, or call Mr. Robinson at 1-800-523-0776, in PA/outside U.S., (215) 925-3511.

Family physician—part time, to relieve busy practitioner on weekends and for vacations. Southwestern Pennsylvania. Send curriculum vitae to Box 166, PENNSYLVANIA MEDICINE, 20 Erford Road, Lemoyne, PA 17043.

Family physician wanted—BC/BE family practitioner to join established 1½ physician group in Lancaster County. Enjoy the challenges of a rural practice yet access to 2 major hospitals in Lancaster city within 20 minutes. Salary negotiable. Please send curriculum vitae and letters of recommendation to William D.L. Hunt, MD, P.O. Box 73, Quarryville, PA 17566.

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Ob-gyn needed—productive and rewarding practice located in beautiful lake/river area of Florida needs third ob-gyn for potential partnership. Please respond to Box 168, PENNSYLVANIA MEDICINE, 20 Erford Road, Lemoyne, PA 17043.

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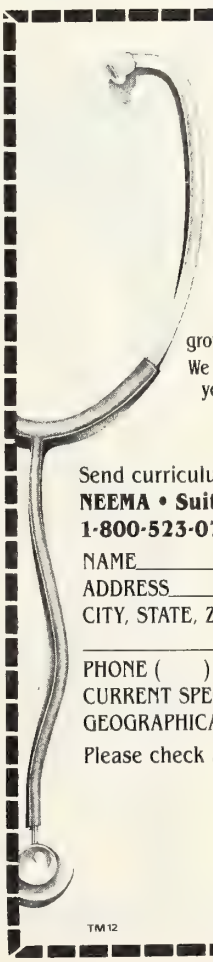

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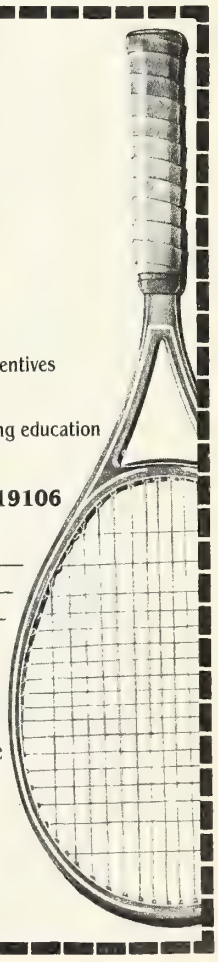

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Pulmonologist wanted to join three Board certified pulmonologists in a busy, active, hospital-based, private practice located in Pennsylvania. Reply to Box 172, PENNSYLVANIA MEDICINE, 20 Erford Road, Lemoyne, PA 17043.

General surgeon, Board eligible or certified to join surgeon in private practice. Experience in traumatology and peripheral vascular surgery desirable. Southcentral Pennsylvania. Reply to Box 174, PENNSYLVANIA MEDICINE, 20 Erford Road, Lemoyne, PA 17043.

Opportunity for urologist Board certified or eligible in urology. Type of practice available: partnership. Size of community and trade area: 30,000 - 100,000. Salary. Reply to PMS Physician Placement Service, Department COM-1286-UR04, 20 Erford Road, Lemoyne, PA 17043.

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3. **Emergency room physician**—for active, growing emergency department. Pursuing level II trauma designation, developing helicopter rescue service. ED presently has 41,000 patient visits annually. Applicant must be emergency residency trained and/or ABEM certified, ACLS and ATLS desirable. Competitive salary and benefits.

Westmoreland Hospital services a community of 30,000 - 100,000. It is a cosmopolitan area 30 miles east of Pittsburgh, with excellent schools, churches, and recreational areas, located near the base of the Laurel Mountains.

For more information about these opportunities, contact Dr. Gerald S. Browdie, Director of Recruitment, Westmoreland Hospital, West Pittsburgh Street, Greensburg, PA 15601; 412-832-4037.

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Active Philadelphia general practice and building for sale. Physician retiring no later than January 1987. 41 years in practice; 6 figure gross. Good Kensington area — East Allegheny. Corner property in A-1 condition. Rentals from home and apartment above office more than maintain building. Doctor's corner for 75 years. Reply to Box 155, PENNSYLVANIA MEDICINE, 20 Erford Road, Lemoyne, PA 17043.

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Mercy Catholic Medical Center (MCMC) is seeking a board certified General Surgeon to serve as Chairperson of the Department of Surgery. MCMC is conveniently located in metropolitan Philadelphia and is comprised of two hospital divisions with a total complement of 720 beds. MCMC has extensive surgical facilities including a new Operating Room and Recovery Room Suite at the Fitzgerald Division, new Emergency Room facilities, a Trauma Service, new Short Procedure Units and Kidney Lithotripsy.

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In addition to board certification in General Surgery, the position requires a Pennsylvania license and demonstrated ability in surgical education and administration. Candidates must possess credentials and experience which qualify the individual to hold, at a minimum, the title of Associate Professor on the faculty of an academic medical center.

The position offers excellent salary, clinical practice opportunities and benefits. Qualified applicants may submit their curriculum vitae, in confidence, to:

David M. Raezer, MD
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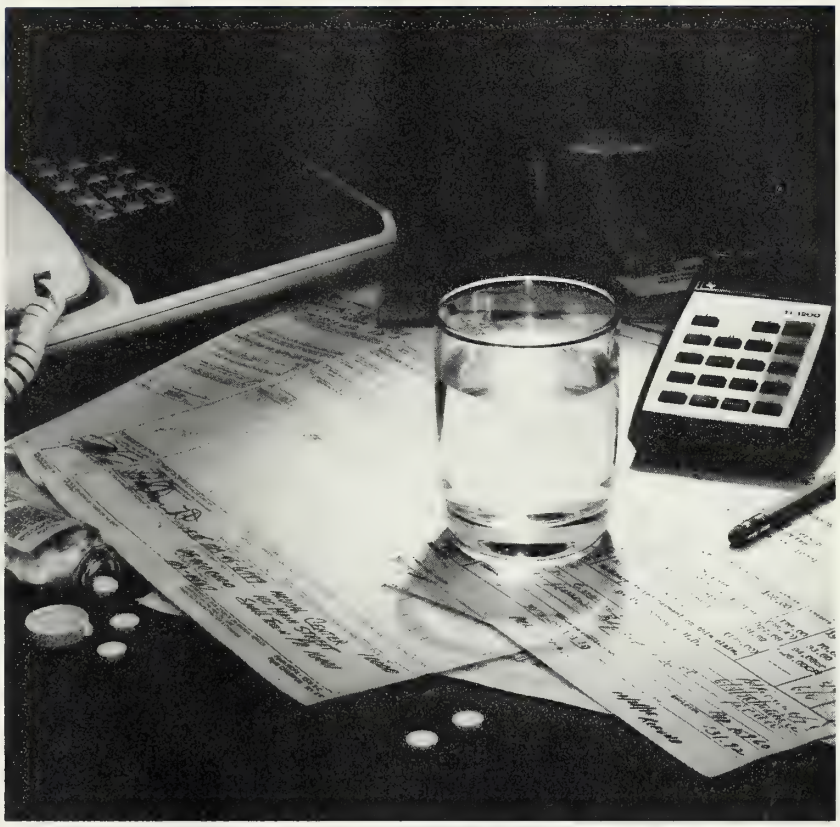

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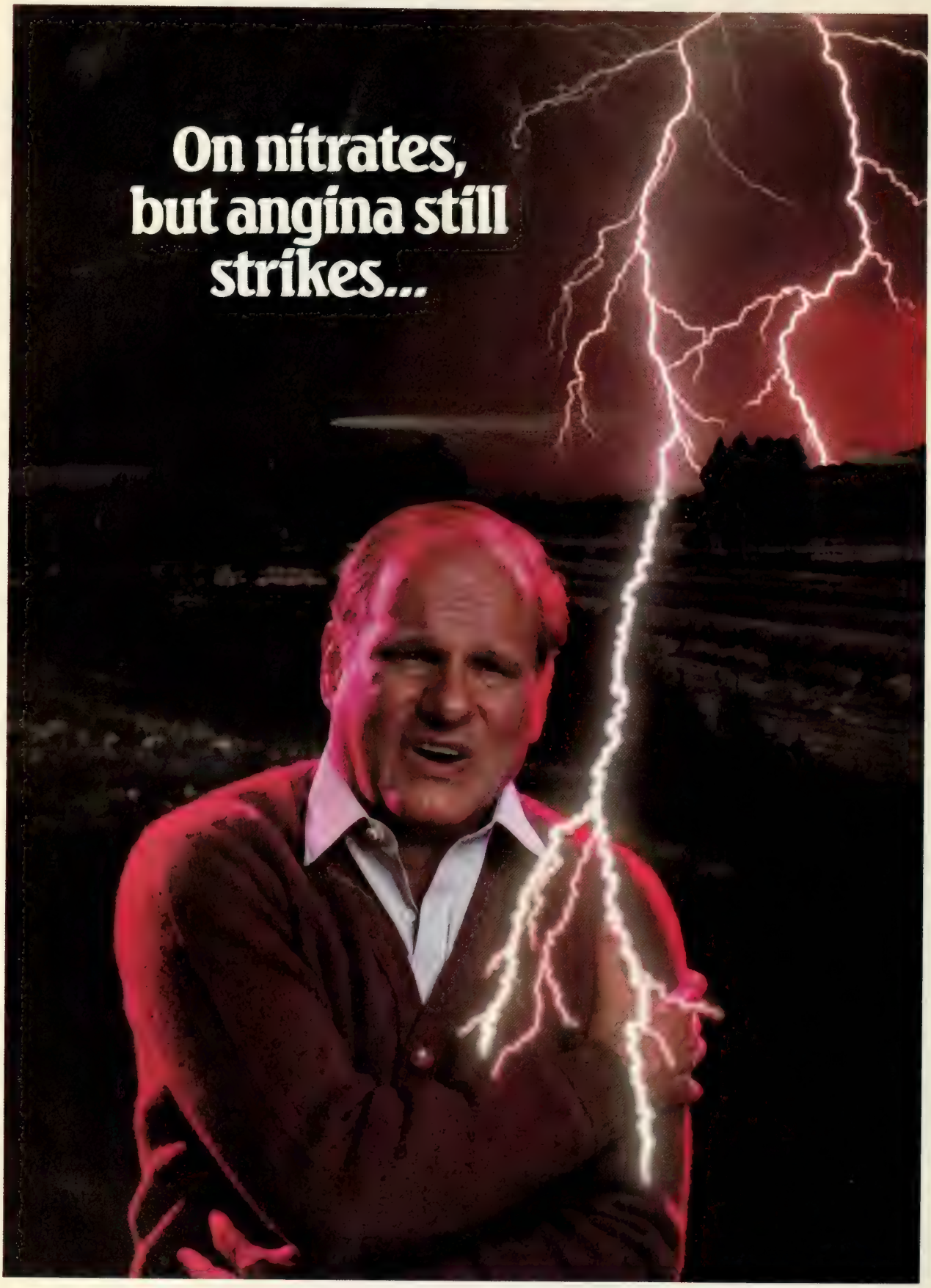
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Please see brief summary on following page.

ISOPTIN®
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Contraindications: Severe left ventricular dysfunction (see *Warnings),* hypotension (systolic pressure < 90 mm Hg) or cardiogenic shock, sick sinus syndrome (except in patients with a functioning artificial ventricular pacemaker), 2nd- or 3rd-degree AV block. **Warnings:** ISOPTIN should be avoided in patients with severe left ventricular dysfunction (e.g., ejection fraction < 30% or moderate to severe symptoms of cardiac failure) and in patients with any degree of ventricular dysfunction if they are receiving a beta blocker. (See *Precautions.)* Patients with milder ventricular dysfunction should, if possible, be controlled with optimum doses of digitalis and/or diuretics before ISOPTIN is used. (Note interactions with digoxin under *Precautions.*) ISOPTIN may occasionally produce hypotension (usually asymptomatic, orthostatic, mild and controlled by decrease in ISOPTIN dose). Elevations of transaminases with and without concomitant elevations in alkaline phosphatase and bilirubin have been reported. Such elevations may disappear even with continued treatment; however, four cases of hepatocellular injury by verapamil have been proven by rechallenge. Periodic monitoring of liver function is prudent during verapamil therapy. Patients with atrial flutter or fibrillation and an accessory AV pathway (e.g. W-P-W or L-G-L syndromes) may develop increased antegrade conduction across the aberrant pathway bypassing the AV node, producing a very rapid ventricular response after receiving ISOPTIN (or digitalis). Treatment is usually D.C.-cardioversion, which has been used safely and effectively after ISOPTIN. Because of verapamil's effect on AV conduction and the SA node, 1° AV block and transient bradycardia may occur. High grade block, however, has been infrequently observed. Marked 1° or progressive 2° or 3° AV block requires a dosage reduction or, rarely, discontinuation and institution of appropriate therapy depending upon the clinical situation. Patients with hypertrophic cardiomyopathy (IHSS) received verapamil in doses up to 720 mg/day. It must be appreciated that this group of patients had a serious disease with a high mortality rate and that most were refractory or intolerant to propranolol. A variety of serious adverse effects were seen in this group of patients including sinus bradycardia, 2° AV block, sinus arrest, pulmonary edema and/or severe hypotension. Most adverse effects responded well to dose reduction and only rarely was verapamil discontinued. **Precautions:** ISOPTIN should be given cautiously to patients with impaired hepatic function (in severe dysfunction use about 30% of the normal dose) or impaired renal function, and patients should be monitored for abnormal prolongation of the PR interval or other signs of excessive pharmacologic effects. Studies in a small number of patients suggest that concomitant use of ISOPTIN and beta blockers may be beneficial in patients with chronic stable angina. Combined therapy can also have adverse effects on cardiac function. Therefore, until further studies are completed, ISOPTIN should be used alone, if possible. If combined therapy is used, close surveillance of vital signs and clinical status should be carried out. Combined therapy with ISOPTIN and propranolol should usually be avoided in patients with AV conduction abnormalities and/or depressed left ventricular function. Chronic ISOPTIN treatment increases serum digoxin levels by 50% to 70% during the first week of therapy, which can result in digitalis toxicity. The digoxin dose should be reduced when ISOPTIN is given, and the patients should be carefully monitored to avoid over- or under-digitalization. ISOPTIN may have an additive effect on lowering blood pressure in patients receiving oral antihypertensive agents. Disopyramide should not be given within 48 hours before or 24 hours after ISOPTIN administration. Until further data are obtained, combined ISOPTIN and quinidine therapy in patients with hypertrophic cardiomyopathy should probably be avoided, since significant hypotension may result. Clinical experience with the concomitant use of ISOPTIN and short- and long-acting nitrates suggest beneficial interaction without undesirable drug interactions. Adequate animal carcinogenicity studies have not been performed. One study in rats did not suggest a tumorigenic potential, and verapamil was not mutagenic in the Ames test. *Pregnancy Category C*: There are no adequate and well-controlled studies in pregnant women. This drug should be used during pregnancy, labor and delivery only if clearly needed. It is not known whether verapamil is excreted in breast milk; therefore, nursing should be discontinued during ISOPTIN use. **Adverse Reactions:** Hypotension (2.9%), peripheral edema (1.7%), AV block: 3rd degree (0.8%), bradycardia: HR < 50/min (1.1%), CHF or pulmonary edema (0.9%), dizziness (3.6%), headache (1.8%), fatigue (1.1%), constipation (6.3%), nausea (1.6%), elevations of liver enzymes have been reported. (See *Warnings.*) The following reactions, reported in less than 0.5%, occurred under circumstances where a causal relationship is not certain: ecchymosis, bruising, gynecomastia, psychotic symptoms, confusion, paresthesia, insomnia, somnolence, equilibrium disorder, blurred vision, syncope, muscle cramp, shakiness, claudication, hair loss, macules, spotty menstruation. **How Supplied:** ISOPTIN (verapamil HCl) is supplied in round, scored, film-coated tablets containing either 80 mg or 120 mg of verapamil hydrochloride and embossed with "ISOPTIN 80" or "ISOPTIN 120" on one side and with "KNOLL" on the reverse side. Revised August, 1984. 2385

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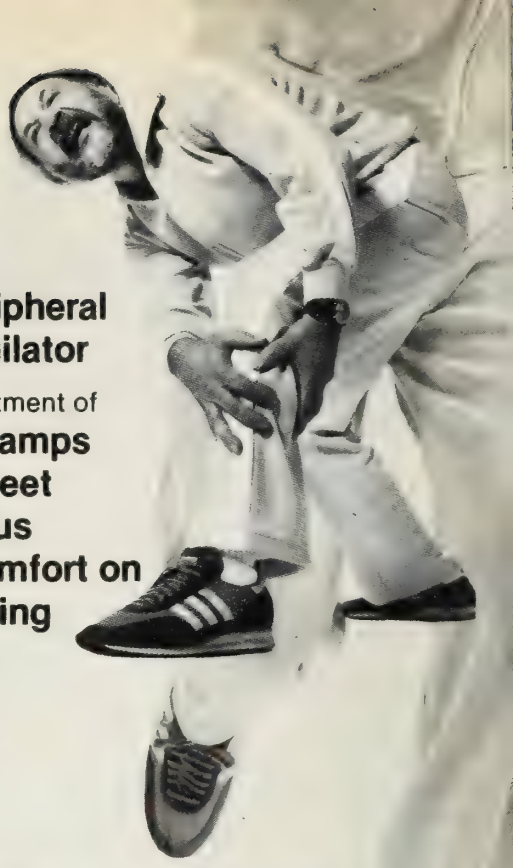

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Riboflavin (B-2)	2 mg.
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obituaries

• **Joseph D. Anastasi**, Philadelphia; Hahnemann University School of Medicine, 1935; age 79, died May 18, 1986. Dr. Anastasi was a general practitioner.

• **Leon Baxt**, Philadelphia; Temple University School of Medicine, 1930; age 80, died May 16, 1986. Dr. Baxt practiced in Philadelphia for over 50 years.

• **Charles E. Cleland**, Kane; University of Pittsburgh School of Medicine, 1932; age 77, died April 12, 1986. Dr. Cleland served as president of the McKean County Medical Society, and was a delegate to the PMS House for many years.

• **Martin Francis Hayes Jr.**, Philadelphia; Hahnemann University School of Medicine, 1969; age 42, died April 5, 1986. Dr. Hayes was associate professor of surgery at Hahnemann University School of Medicine.

• **Hugh Hayford Jr.**, Altoona; Temple University School of Medicine, 1946; age 64, died May 11, 1986. Dr. Hayford was an orthopedic surgeon.

• **Max D. Kasser**, Philadelphia; Temple University School of Medicine, 1935; age 75, died April 22, 1986. Dr. Kasser, an ophthalmologist, was a consultant at Wills Eye Hospital.

• **Elmer S. A. King**, Pittsburgh; University of Pittsburgh School of Medicine, 1928; age 82, died April 17, 1986. Dr. King was a surgeon.

• **Richard V. Kubiak**, Philadelphia; Jefferson Medical College, 1952; age 60, died April 26, 1986. Dr. Kubiak, an orthopedic surgeon, practiced in Philadelphia and was associated with Nazareth Hospital and Holy Redeemer Hospital.

• **Victor Maffucci Jr.**, Bedford; University of Arkansas College of Medicine, 1938; age 73, died April 20, 1986. Dr. Maffucci practiced medicine in Bedford County for 46 years.

• **Joseph P. Matus**, Philadelphia; Hahnemann University School of Medicine, 1952; age 63, died April 4, 1986. Dr. Matus was a general practitioner.

• **Edward L. McCarthy**, Canonsburg; University of Pittsburgh School of Medicine, 1925; age 86, died April 11, 1986. Dr. McCarthy was an ophthalmologist in the Canonsburg area for over 50 years.

• **George William Miller III**, Havertown; Jefferson Medical College, 1939; age 71, died April 8, 1986. Dr. Miller, a general practitioner, formerly served as a team physician for the Philadelphia Phillies baseball club.

• **Joseph P. O'Riordan**, Philadelphia; Hahnemann University School of Medicine, 1957; age 54, died April 22, 1986. Dr. O'Riordan was a member of the medical staffs of Nazareth and Holy Redeemer Hospitals.

• **George P. Pilling IV**, Wyndmoor; Cornell University Medical College, 1943; age 67, died April 23, 1986. Dr. Pilling specialized in surgery.

• **George Sidney Sprague**, Philadelphia; Johns Hopkins University School of Medicine, 1920; age 91, died May 7, 1986. Dr. Sprague, a psychiatrist, was one of the founders of the Philadelphia Association for Psychoanalysis and its institute.

• **Sidney Weiner**, Pittsburgh; Received his medical degree in Scotland, 1933; age 86, died April 23, 1986. Dr. Weiner practiced in Pittsburgh for more than 50 years.

Helen Beck, Tunkhannock; Medical College of Pennsylvania, 1929; age 84, died April 4, 1986. Dr. Beck was a general practitioner.

Pauline Williams McCandless, Erie; University of Pittsburgh School of Medicine, 1948; age 70, died April 8, 1986. Dr. McCandless was a gynecologist.

Joseph P. Reath, Devon; Jefferson Medical College, 1937; age 82, died April 18, 1986. Dr. Reath was a family practitioner.

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physicians in the news

James A. Collins Jr., MD, Riverside, retired from his posts at Geisinger Medical Center after spending over 40 years in medicine. Dr. Collins served as chairman of Geisinger's division of medical services, and as chairman of the department of internal medicine. He will continue as a senior consultant on the staff of Geisinger Clinic. Dr. Collins is a past president of the American Society of Internal Medicine.

Stuart H. Shapiro, MD, has been appointed to a post at First Pennsylvania Bank. His title is vice president in charge of banking services for the health care industry. Dr. Shapiro previously was health commissioner of Philadelphia. He also has served as a staff member for the U.S. Senate's Subcommittee on Health and Scientific Research, and has held public health offices is Pennsylvania, Massachusetts, and Missouri.

Athole G. McNeil Jacobi, MD, Bala, has been elected to membership in the Chapel of the Four Chaplains Legion of Honor for service in the field of medicine. Dr. Jacobi is professor and chairman of the department of anesthesiology at the Medical College of Pennsylvania, and also is professor of oral surgery at the University of Pennsylvania School of Dental Medicine. The Chapel of the Four Chaplains in Philadelphia is dedicated to four World War II army chaplains who gave their life jackets to other men as the S.S. Dorchester was sinking, February 3, 1943.

Members of the department of neurology at the hospital of the University of Pennsylvania presented clinical and research papers at the annual meeting of the American Academy of Neurology in New Orleans. Faculty members who presented papers were: **David Pleasure, MD; Francisco Gonzalez-Scarano, MD; Kenneth Fischbeck, MD; Michael Kushner, MD; Robert Lisak, MD; Donald Silberberg, MD;** and **Austin Sumner, MD.**

The University of Pennsylvania School of Medicine's Class of 1926 celebrated its 60th reunion in May. **Francis Wood, MD,** Haverford, vice president of the Class of '26, and **Elizabeth Kirk Rose, MD,** Kennett Square, secretary of the class, were among those who attended. Dr. Wood is former professor and chairman of the department of medicine at University of Pennsylvania. Dr. Rose was chief of child and maternal health in the Philadelphia Department of Health.

Zalman S. Agus, MD, Cherry Hill, New Jersey, has been named a recipient of the Distinguished Service Award by the National Kidney Foundation. Dr. Agus is chief of the renal electrolyte section of the Hospital of the University of Pennsylvania, and associate professor of medicine at the University of Pennsylvania School of Medicine.

Albert B. Ferguson Jr., MD, will be inducted in September as an honorary fellow in Great Britain's Royal College of Surgeons. Dr. Ferguson, who is chairman and chief of the department of orthopaedic surgery at Presbyterian University Hospital of Pittsburgh, is one of 30 American surgeons who have received fellowship in this organization. Dr. Ferguson has served as president of the American Orthopaedic Association and the American Board of Orthopaedic Surgery.

George L. Spaeth, MD, an ophthalmologist from Philadelphia, received the 1986 Medal of Achievement and the Sir Stewart Duke-Elder Glaucoma Award, both from Lederle Laboratories of Wayne, New Jersey, during the International Glaucoma Congress. Dr. Spaeth has established two research foundations for furthering studies in ophthalmology. He serves as medical staff president at Wills Eye Hospital and attending eye surgeon at Chestnut Hill Hospital.

Joseph A. Ricci, MD, has been elected vice president of risk management and medical director of PHICO Insurance Company. Dr. Ricci has served as chief of internal medicine at Holy Spirit Hospital, Camp Hill; chief of the department of hematology and oncology at Polyclinic Medical Center, Harrisburg, and associate clinical professor at the Pennsylvania State University College of Medicine, Hershey.

A collection of porcelain sculptures of birds and flowers has been presented to Temple University School of Medicine in honor of **Bernard J. Ronis, MD,** professor emeritus and former chairman of the department of otorhinology. Helen F. Boehm, of the Edward Marshall Boehm Studios, Trenton, New Jersey, presented the collection of Boehm porcelain pieces, which included 19 wildlife sculptures and 18 sculptures of flowers.

Thomas J. Weida, MD, a Rothsville family physician, was appointed to serve a second term on the young physicians committee of the American Academy of Family Physicians.

Archibald Laird, MD, has created and opened the Museum of Rotary in Wellsboro. It is the only Rotary museum in the United States, and its exhibits show the history of the United States through the use of Rotary organization banners. Dr. Laird, an ophthalmologist, has been a member of the Rotary for many years. While completing research for the museum, Dr. Laird collected material for four books, three of which have been published.

Dennis J. Bonner, MD, Summit Hill, served as grand marshal of the Summit Hill Memorial Day Parade. Dr. Bonner practiced medicine in that community for 40 years.

William T. Barnes, MD, State College, received the 1986 Alumni Association Award from his alma mater, Westminster College in Fulton, Missouri. Dr. Barnes is a surgeon in private practice.

Vincent Ciacci, MD, was named Citizen of the Year by the Phoenixville Area Chamber of Commerce. Dr. Ciacci was honored for his 38 years of service to the community.

Berks County Medical Society recently honored five physicians for 50 years of service. They were: **Harry Crystal, MD; Theodore W. Eastland, MD; Wilfred F. Heinbach, MD; John B. Levan, MD;** and **Leopold A. Potkonski, MD.**

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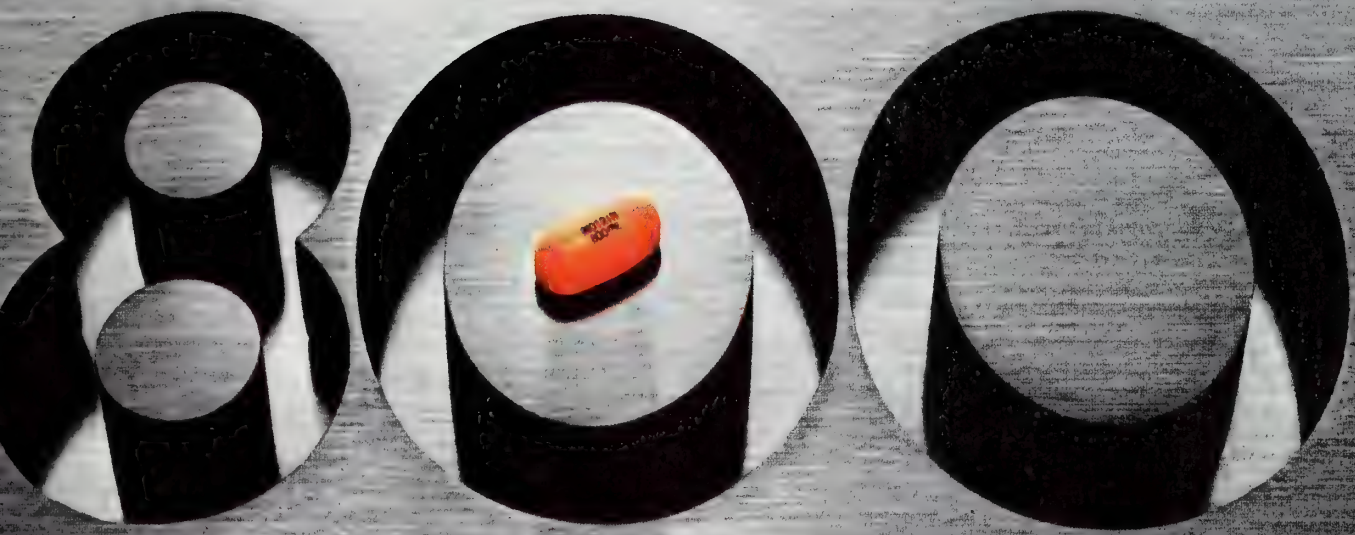

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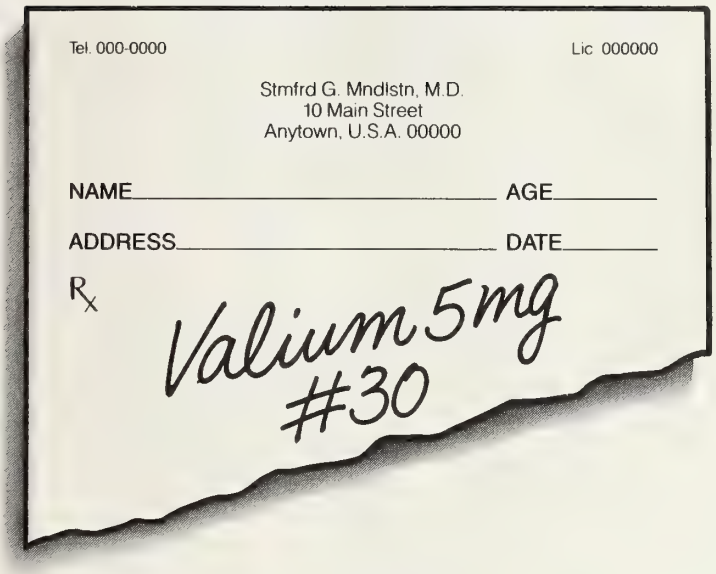

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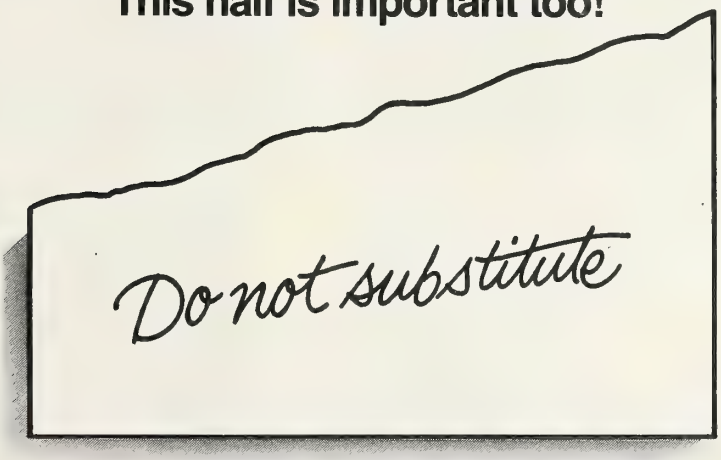

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Pennsylvania Medicine

MEDICAL JOURNALISM SPECIAL PRIZE 1986

Volume 89, No. 8 AUGUST 1986

Also in this issue: Official Call to Annual Meeting—page 18

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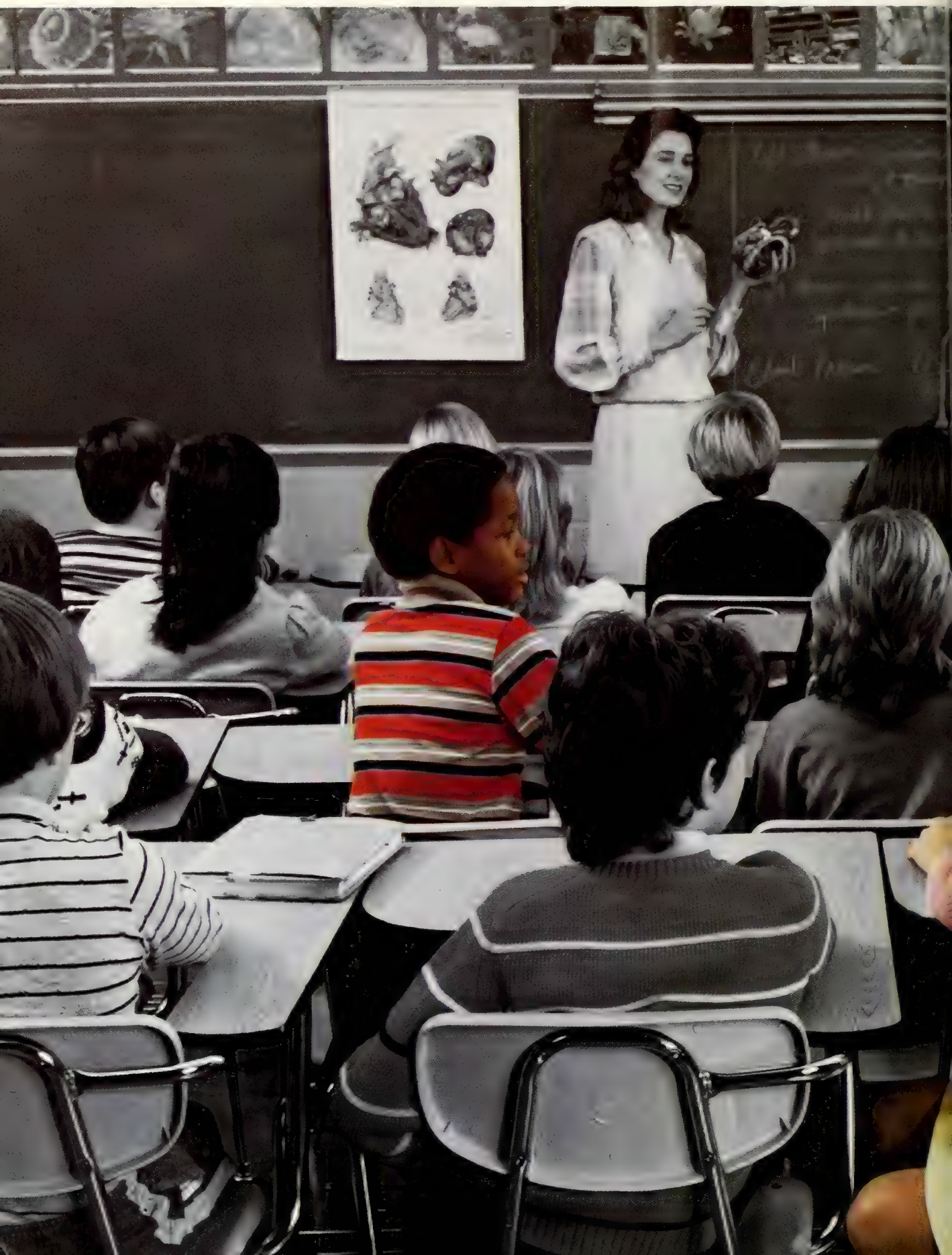

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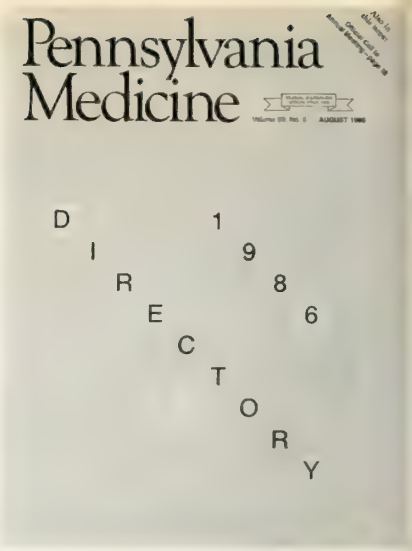

contents

August 1986
Volume 89, Number 8

18 Official Call—1986 House of Delegates

MEDICAL SOCIETY OFFICERS
42 Pennsylvania Medical Society
44 County Medical Societies
67 Medical Specialty Societies
170 Presidents of PMS

HEALTH CARE INFORMATION GUIDE
70 Pennsylvania Health Agencies
74 Organ Donation
74 Washington Information

MEMBERSHIP DIRECTORY, 1986–87
77 Member specialty codes and statistics
79 Membership by county
171 Membership alphabetically

DEPARTMENTS
17 Advertisers' index
210 Classified advertising

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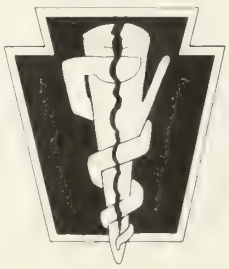

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Head Injury and Increased Intracranial Pressure: The respiratory depressant effects of narcotics and their capacity to elevate cerebrospinal fluid pressure may be markedly exaggerated in the presence of head injury, other intracranial lesions or a preexisting increase in intracranial pressure. Furthermore, narcotics produce adverse reactions which may obscure the clinical course of patients with head injuries
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PRECAUTIONS
Special Risk Patients: VICODIN should be used with caution in elderly or debilitated patients and those with severe impairment of hepatic or renal function, hypothyroidism, Addison's disease, prostatic hypertrophy or urethral stricture
Information For Patients: VICODIN, like all narcotics, may impair the mental and/or physical abilities required for the performance of potentially hazardous tasks such as driving a car or operating machinery, patients should be cautioned accordingly
Cough Reflex: Hydrocodone suppresses the cough reflex; caution should be exercised when VICODIN is used postoperatively and in patients with pulmonary disease
Drug Interactions: The CNS-depressant effects of VICODIN may be additive with that of other CNS depressants. When combined therapy is contemplated, the dose of one or both agents should be reduced. The use of MAO inhibitors or tricyclic antidepressants with hydrocodone preparations may increase the effect of either the antidepressant or hydrocodone. The concurrent use of anticholinergics with hydrocodone may produce paralytic ileus.
Usage in Pregnancy: Pregnancy Category C. Hydrocodone has been shown to be teratogenic in hamsters when given in doses 700 times the human dose. There are no adequate and well-controlled studies in pregnant women. VICODIN should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus
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Nursing Mothers: It is not known whether this drug is excreted in human milk; therefore, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother
Pediatric Use: Safety and effectiveness in children have not been established
ADVERSE REACTIONS
Central Nervous System: Sedation, drowsiness, mental clouding, lethargy, impairment of mental and physical performance, anxiety, fear, dysphoria, dizziness, psychic dependence, mood changes
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For further information on the seminar programs, please contact:

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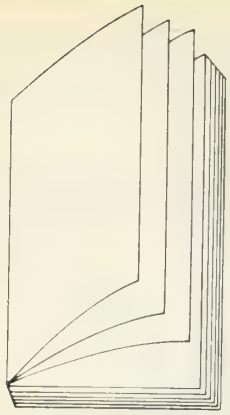

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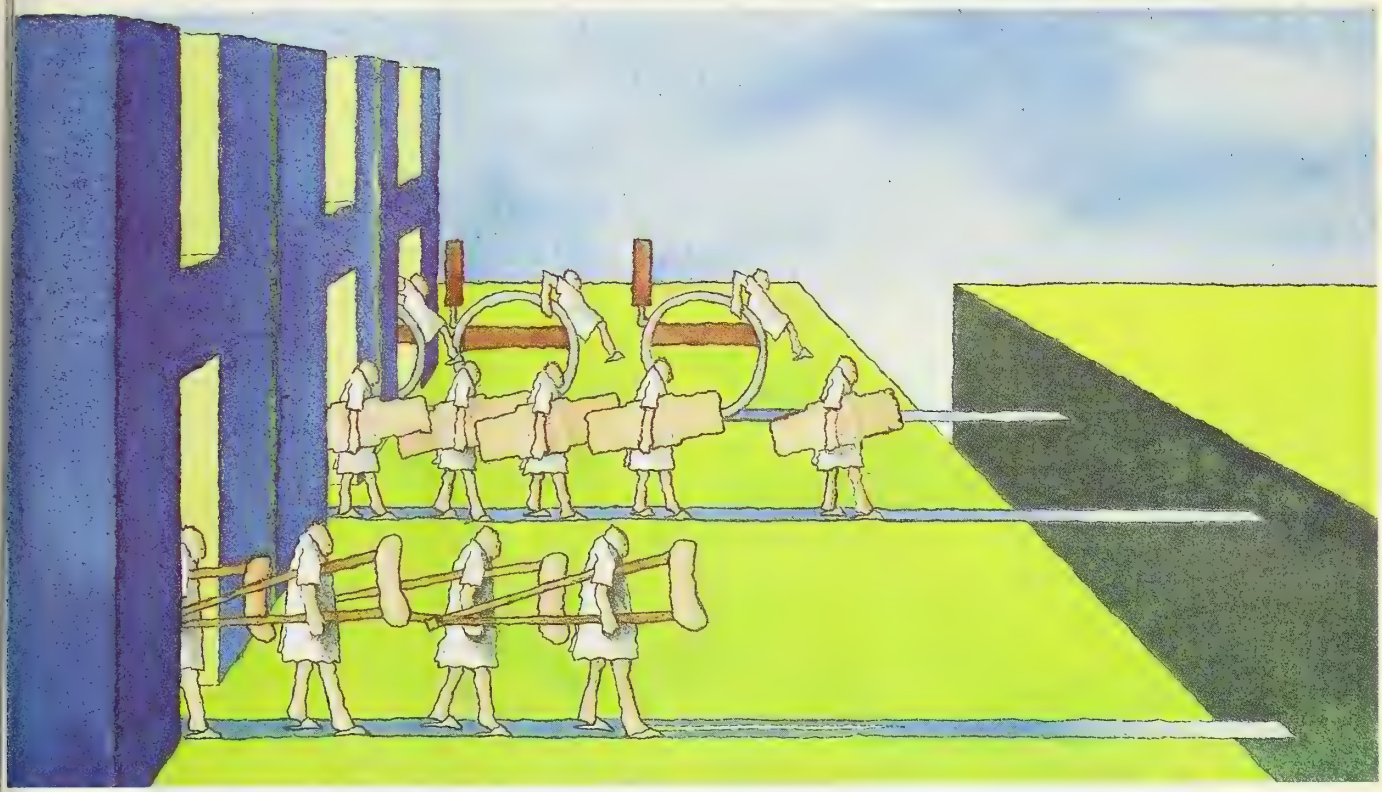

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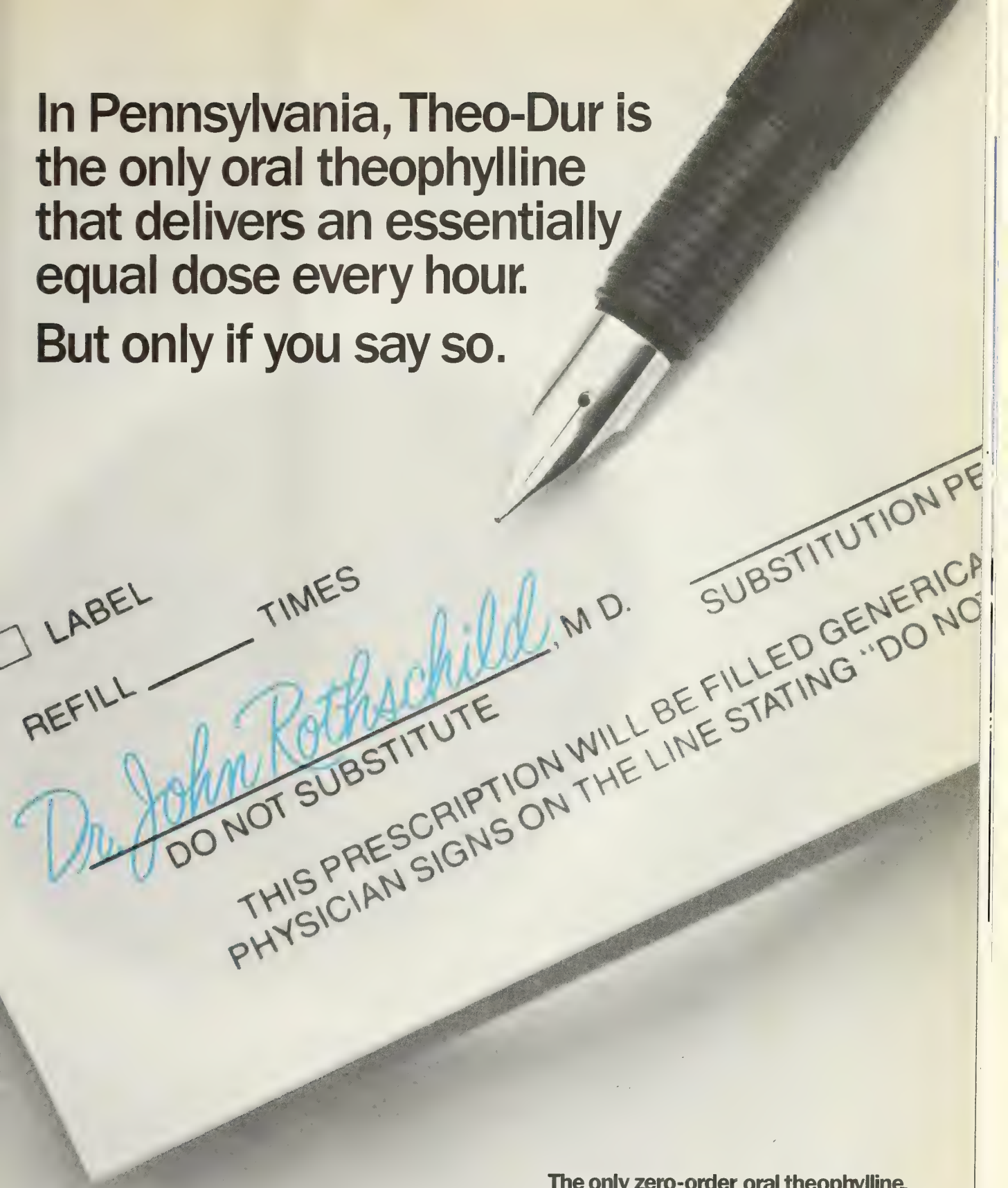

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Contraindications: THEO-DUR is contraindicated in individuals who have shown hypersensitivity to theophylline or any of the tablet components

Warnings: Excessive theophylline doses may be associated with toxicity; serum theophylline levels should be monitored to insure maximum benefit with minimum risk. Incidence of toxicity increases at serum levels greater than 20 mcg/ml. High blood levels of theophylline resulting from conventional doses are correlated with clinical manifestation of toxicity in: patients with lowered body plasma clearances, patients with liver dysfunction or chronic obstructive lung disease, and patients who are older than 55 years of age, particularly males. There are often no early signs of less serious theophylline toxicity such as nausea and restlessness, which may occur in up to 50% of patients prior to onset of convulsions. Ventricular arrhythmias or seizures may be the first signs of toxicity. Many patients who have higher theophylline levels exhibit tachycardia. Theophylline products may worsen pre-existing arrhythmias

Precautions: THEO-DUR TABLETS SHOULD NOT BE CHEWED OR CRUSHED. Theophylline should not be administered concurrently with other xanthine medications. Use with caution in patients with severe cardiac disease, severe hypoxemia, hypertension, hyperthyroidism, acute myocardial injury, cor pulmonale, congestive heart failure, liver disease, in the elderly (especially males) and in neonates. In particular, great caution should be used in giving theophylline to patients with congestive heart failure. Frequently, such patients have markedly prolonged theophylline serum levels with theophylline persisting in serum for long periods following discontinuation of the drug. Use theophylline cautiously in patients with history of peptic ulcer. Theophylline may occasionally act as a local irritant to the G.I. tract although gastrointestinal symptoms are more commonly centrally mediated and associated with serum drug concentrations over 20 mcg/ml

Individuals who are rapid metabolizers of theophylline, such as the young, smokers, and some non-smoking adults, may not be suitable candidates for once-daily dosing. These individuals will generally need to be dosed at 12 hourly or sometimes 8 hourly intervals. Such patients may exhibit symptoms of bronchospasm near the end of a dosing interval, or may have wider peak-to-trough differences than desired

Usage in Pregnancy: Animal reproduction studies have not been conducted with theophylline. It is not known whether theophylline can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. Xanthines should be given to a pregnant woman only if clearly needed

Nursing Mothers: It has been reported that theophylline distributes readily into breast milk and may cause adverse effects in the infant Caution must be used if prescribing xanthines to a mother who is nursing, taking into account the risk-benefit of this therapy.

Pediatric Use: Safety and effectiveness of THEO-DUR administered every 24 hours in children under 12 years of age, and every 12 hours in children under 6 years of age, have not been established

Adverse Reactions: The most consistent adverse reactions are usually due to overdose and are

Gastrointestinal: nausea, vomiting, epigastric pain, hematemesis, diarrhea

Central nervous system: headaches, irritability, restlessness, insomnia, reflex hyperexcitability, muscle twitching, clonic and tonic generalized convulsions

Cardiovascular: palpitation, tachycardia, extrasystoles, flushing, hypotension, circulatory failure, ventricular arrhythmias

Respiratory: tachypnea

Renal: albuminuria, increased excretion of renal tubular and red blood cells, potentiation of diuresis

Others: rash, hyperglycemia and inappropriate ADH syndrome.

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dvertisers' index

CMA 214
dvanced Billing Concepts 8
lexander Agency 43
lfa Romeo 45
llegheny General Hospital 44
llied Services 61
T & T 59
yerst Laboratories 33-36
ertholon Rowland Agencies 65
randywine Hospital 48
rown Pharmaceuticals 16, 58
ampbell Laboratories 24
aron Foundation 26
asualty Reciprocal Exchange 51
ellular One Car Phones 69
hildren's Hospital of Philadelphia 38
rozer Chester Medical Center 22
elaware County Memorial Hospital 21
orland's Medical Directory 10
.T. Watson Rehabilitation Hospital 71
ducational and Scientific Trust 70
lcomp Systems 57
li Lilly Company 52
mergency Physician Associates 213
eisinger Continuing Education 73
eisinger Lithotripter 72
arrmarville Rehabilitation 75
ealthCare Communications 46
ealth Care Group 63
ealth Care Personnel Consulting 211, 213
ealthSearch 213
eanes Health System 20
efferson Medical College 28
ohn A. Neidel 18
ohn Downing Associates 55, 211
ey Pharmaceuticals 13, 14
eystone Technologies 49
noll Pharmaceuticals 6
ake Erie Institute of Rehabilitation 76
alachy Whalen and Company 47
arion Laboratories 53, 54
arworth 12
edical Personnel Pool 14
edical Protective Company 56
edlab 48
eridian Asset Management 3
ilton S. Hershey Medical Center 30
onongahela Valley Hospital 41
EEMA Medical Services 210
eilson Computer Systems 64
emacolin Woodlands 5
euro-Otology Group 60
orrell Health Care 17
R-D Systems 62
ennsylvania Blue Shield 7
ennsylvania Diabetes Academy 39
ennsylvania Financial Group 9
ennsylvania Hand Center 40
ennsylvania Sperm Bank 214
hysicians Cincinnatus Society 19
hysician Support Systems 40
MS Committee on Impaired Physician 2
MS Liability Insurance Company 27
rofessional Practice Consulting 60
rovident Mutual 29
eading Rehabilitation Hospital 9
ehabilitation Hospital Services Corporation 11
ehabilitation Institute of Pittsburgh 31
oche Laboratories ..... 1, covers 2, 3, 4
acred Heart Hospital 37
hared Medical Systems 66
heppard Enoch Pratt Hospital 4
mall Computer Company 32
t. Christopher's Hospital for Children 23
t. Francis Medical Center 25
tuart Pharmaceuticals 211
uburban Health Foundation 66
hrift Drug 78
oftrees Resort 213
pjohn Company 15
.S. Air Force 50
.S. Army 74, 212
.S. Navy 14
estmoreland Hospital 211
est Park Hospital 30

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Official Call to 1986 Meeting PMS House of Delegates

The 1986 annual meeting of the House of Delegates of the Pennsylvania Medical Society will be called to order at the Hilton Hotel, Pittsburgh, Pennsylvania, on Friday, October 17, 1986, at 10 a.m. The second session of the House of Delegates is scheduled for Saturday, October 18, 1986, at 1 p.m. The third and concluding session of the House of Delegates will be held Sunday, October 19, 1986, at 9:30 a.m.

Elections

In accordance with Chapter XIII, Section 1 of the bylaws of the Pennsylvania Medical Society, the following nominations and/or elections will be in order at the second session, Saturday afternoon, October 18, 1986.

General officers to be elected are a vice president, a speaker of the House of Delegates, and a vice speaker of the House of Delegates.

In accordance with Chapter XV, Section 5 of the bylaws, elections will be in order for a trustee for the First District to serve three (3) years to succeed John Helwig Jr., MD, Philadelphia County, who is eligible for reelection; a trustee for the Third District to serve three (3) years to succeed John H. Hobart, MD, Northampton County, who is eligible for reelection; a trustee for the Eighth District to serve three (3) years to succeed Robert N. Moyers, MD, Crawford County, who is eligible for reelection; a trustee for the Ninth District to serve three (3) years to succeed David L. Miller, MD, Clarion County, who is eligible for reelection; and a medical student trustee to serve two (2) years to succeed Ann K. Messersmith, who is not eligible for reelection.

In accordance with Chapter XI, Section 1 of the bylaws, elections for delegates and alternate delegates to the American Medical Association are in order. In accordance with Standing Rule Number 10 (adopted October 22, 1982), elections for delegates will be held on Saturday afternoon, October 18, 1986, and elections for alternate delegates will be held on Sunday morning, October 19, 1986. Delegates whose terms expire December 31, 1986 are:

1. R. William Alexander, MD (Berks County)
2. Betty L. Cottle, MD (Blair County)
3. James B. Donaldson, MD (Philadelphia County)
4. Raymond C. Grandon, MD (Dauphin County)
5. William J. Kelly, MD (Allegheny County)
6. Michael P. Levis, MD (Allegheny County)
7. Donald E. Parlee, MD (Bucks County)
8. Irving Williams III, MD (Union County)

The Committee to Nominate Delegates and Alternates to the AMA makes the following nominations for eight (8) delegates for two (2) year terms commencing January 1, 1987:

1. R. William Alexander, MD (Berks County)
2. Doris G. Bartuska, MD (Philadelphia County)
3. Betty L. Cottle, MD (Blair County)
4. Raymond C. Grandon, MD (Dauphin County)
5. William J. Kelly, MD (Allegheny County)
6. Michael P. Levis, MD (Allegheny County)
7. Donald E. Parlee, MD (Bucks County)
8. Jonathan E. Rhoads Jr., MD (York County)
9. Irving Williams III, MD (Union County)

The Committee to Nominate Delegates and Alternates to the AMA makes the following nomination for delegate for a partial term commencing October 19, 1986, and expiring December 31, 1987:

1. Donald C. Brown, MD (Westmoreland County)

The Committee to Nominate Delegates and Alternates to the AMA makes the following nominations for delegate for a one-year term commencing January 1, 1987 and expiring December 31, 1987:

1. William H. Mahood, MD (Montgomery County)

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Invites you to join the struggle for our professional survival. The Society is dedicated to protect your constitutional rights. Presently, physicians in Pennsylvania can be priced out of insurance and, if unable to buy the mandated amount of insurance, will have their license revoked without any due process whatsoever. We intend to challenge Act 111, Article VII, Section 701, in Federal Court. We are incorporated and operational. Join us now. Safeguard medicine and your future.

The Physicians' Cincinnatus Society takes its name from the legendary hero of ancient Rome, Lucius Quintius Cincinnatus. In 1783, the commissioned officers of the Continental Army founded **The Society of the Cincinnati**, named after Cincinnatus. These officers of the Continental Army knew the difficulties they encountered in organizing in the beginning of the Revolution. For that reason they wanted an organization in place so that they could respond quickly in time of need and, like Cincinnatus, do the job and return to their private lives. In 1986, we founded **The Physicians' Cincinnatus Society**, a nonpartisan organization dedicated to the defense of the constitutional rights of individual physicians and physicians collectively as they relate to their professional lives and to the practice of medicine in general. The Society shall remain a dues-collecting organization even during dormant, nonthreatening periods and thus remain able to respond at any time. Its first and foremost task, however, shall be to restore the constitutional rights and due process for physicians in Pennsylvania. Each member shall join by paying $100.00 in dues. The monies thus collected will be used to immediately engage legal counsel to file suit in Federal Court against Act 111. Annual dues will be $100.00, a small price to pay to safeguard your constitutional rights. The Society's counsel and Board will evaluate every case presented to it and, if found to have merit, the case will be challenged in the courts as long as there are funds available. **The Physicians' Cincinnatus Society** does not replace existing medical societies. It will work closely with them. The PCS, because of its singular purpose and nonpartisan nature, sees its greatest usefulness in dealing with problems in areas in which multi-purpose medical societies are ineffective or unable to act because of internal or regional politics.

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Address: _____

Specialty: _____ Soc. Sec. No. _____

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Department of Medicine Conference Schedule

Fall 1986

September	3	9 a.m.	Clinical Rounds: Rheumatology—Management of Rheumatoid Arthritis **Robert P. Jacobs, M.D.** *Chairman, Department of Medicine*
	3	12:15 p.m.	CME Conference: Current Clinical Applications of Magnetic Resonance Imaging **Evan Unger, M.D.** *Section Chief, Clinical Magnetic Resonance Imaging*
	10	9 a.m.	Clinical Rounds: Hematology—Autoimmune Hemolytic Anemia **Dennis B. Cornfield, M.D.** *Division Chief*
	17	9 a.m.	Morbidity & Mortality/Business Meeting
	24	9 a.m.	Tumor Conference
	24	12:15 p.m.	Medical Office Practice Round Table
October	1	9 a.m.	Clinical Pathology Conference
	1	12:15 p.m.	CME Conference: Breast and Colorectal Cancer Screening Programs *Speaker to be announced*
	8	9 a.m.	Clinical Rounds: Pulmonary—Cardiopulmonary Stress Testing **Daniel Draper** *Product Manager, Gould Electronics*
	15	8 a.m.	Pediatric Annual Symposium: Immunization Update **Sarah Long, M.D.** *Chief of Infectious Diseases, St. Christopher's Hospital* *Associate Professor of Pediatrics, Temple University* Headaches **Peter H. Berman, M.D.** *Chief of Division of Neurology, Children's Hospital* Unusual Verdicts on the "Bad Baby" Cases **James Griffith, Esq.** *Senior Partner, Griffith & Burr, P.C.* Financial Aspects of health Care **Joseph A. Pacera** *Vice President, Program of Development/Marketing, Osteopathic Medical Center of Pennsylvania*
	22	9 a.m.	Tumor Conference/Business Meeting
	22	12:15 p.m.	Medical Office Practice Round Table
	29	9 a.m.	Clinical Rounds: Infectious Diseases—Common Zoonoses **Israel Lichtenstein, M.D.** *Division Chief*
November	5	9 a.m.	Clinical Rounds: Gastroenterology—Malabsorption Syndrome **Stephen A. Matarazzo, M.D.** *Division Chief*
	5	12:15 p.m.	CME Conference: Ultrasound, CT and MR Imaging of Pelvic Pathology **Michael Clair, M.D.** *Division Chief, Ultrasound*
	12	9 a.m.	Clinical Rounds: Neurology—Guillain-Barre Syndrome Update **Marcia Halpern, M.D., Paul M. Shipkin, M.D.** *Division Chief*
	19	9 a.m.	Morbidity & Mortality/Business Meeting
	26	9 a.m.	Tumor Conference
	26	12:15 p.m.	Medical Office Practice Round Table
December	3	9 a.m.	Clinical Pathology Conference
	3	12:15 p.m.	CME Conference: Silent Ischemia and Mixed Angina **Albert Brest, M.D.** *Chief of Cardiology, Thomas Jefferson Hospital*
	10	9 a.m.	Clinical Rounds: Cardiology—Cardiomyopathies **Kevin Robinson, M.D.**
	17	9 a.m.	Morbidity & Mortality/Business Meeting
	24	9 a.m.	Cancelled
	24	12:15 p.m.	Cancelled
	31	9 a.m.	Cancelled

All programs are scheduled for one hour and held in Stapeley Building 1A.
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2. Timothy J. Michals, MD (Philadelphia County)

Alternate delegates whose terms expire December 31, 1986, are:

1. Charles A. Heisterkamp III, MD (Lancaster County)
2. Robert L. Lasher, MD (Erie County)
3. Gordon K. MacLeod, MD (Allegheny County)
4. William H. Mahood, MD (Montgomery County)
5. Timothy J. Michals, MD (Philadelphia County)
6. John S. Parker, MD (Westmoreland County)
7. Jonathan E. Rhoads Jr., MD (York County)
8. Howard A. Richter, MD (Delaware County)

The Committee to Nominate Delegates and Alternates to the AMA makes the following nominations for eight (8) alternate delegates for two (2) year terms commencing January 1, 1987, and two (2) alternate delegates for partial terms commencing October 19, 1986, and expiring December 31, 1987.

1. Susan H. Bray, MD (Philadelphia County)
2. Victor F. Greco, MD (Luzerne County)
3. Charles A. Heisterkamp III, MD (Lancaster County)
4. William F. Lamberton, MD (Erie County)
5. Robert L. Lasher, MD (Erie County)
6. Gordon K. MacLeod, MD (Allegheny County)
7. John S. Parker, MD (Westmoreland County)
8. Michael J. Prendergast, MD (York County)
9. Howard A. Richter, MD (Delaware County)
10. Luis E. Sala, MD (Philadelphia County)
11. Cynthia Altman Weinstein, MD (Philadelphia County)

Also to be elected will be one member to serve on the Committee to Nominate Delegates and Alternates to the American Medical Association. The term of Ronald J. Clearfield, MD, Westmoreland County, expires; he is eligible for reelection.

In accordance with Chapter XVIII, Section 2 of the bylaws, the Board of Trustees nominates the following members for one vacancy on the Judicial Council. For the office now held by Kenneth L. Cooper, MD, Lycoming County, the Board nominates Kenneth L. Cooper, MD, Lycoming County; Leroy A. Gehris, MD, Berks County; and John P. Whitely, MD, York County.

Proposed bylaws amendments

Set forth below is the text of the proposed bylaws amendments. Deletions from existing bylaws are indicated by brackets; additions are italicized.

Subject One

1. Seating of Delegates, developed to implement Substitute Resolution 85-1, adopted as amended by the House of Delegates.

Chapter IX - House of Delegates
Section 7. Seating of Delegates. . .
(a) Components Unrepresented—If any component society is not represented by a delegate or alternate at any session of the meeting, then an active or associate member [of that component society] *within the district in which the unrepresented component society lies,* registered and in attendance, may be seated as the delegate after receiving approval of the *president or secretary of the un-*

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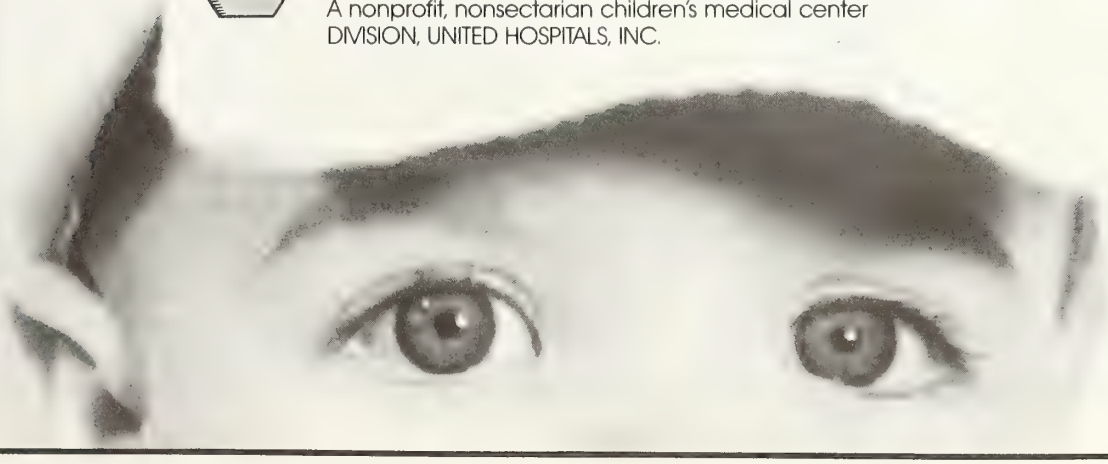

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represented component society and the Credentials Committee. *In the event more than one member is eligible and requests to be seated, the Credentials Committee shall seat the member who is also a member of the unrepresented component society. . .*

Subject Two

2. Board Eligibility, developed to implement recommendation of Special Committee to Study the Makeup of the PMS Board, as approved by the 1985 House of Delegates.

Chapter XV - The Board of Trustees
Section 3. Composition.

The Board of Trustees shall consist of the president, president elect, the vice president, the immediate past president, the speaker of the House of Delegates, the vice speaker of the House of Delegates, ex officio with the right to vote, one trustee who is [an] *a full dues-paying* active [or associate] member in good standing of this Society from each district, one trustee to represent the AMA Board certified specialties organized in Pennsylvania who is [an] *a full dues-paying* active [or associate] member in good standing of this Society and a member of a specialty organized in Pennsylvania which is an AMA Board certified specialty, one trustee to represent resident physicians who is an active member in good standing of this Society and who, at the time of election, is a resident physician member of this Society, and one trustee, without the right to vote, who is an active member in good standing of this Society and who, at the time of election, is a medical student member of this Society.

Subject Three

3. Eligibility of Specialty Trustee for Election as Board Chairman, developed to implement recommendation contained in Report M of the Board of Trustees, as approved by the 1985 House of Delegates.

Chapter XV - The Board of Trustees
Section 10. Board Officers.

At the first meeting of the Board of Trustees after the annual meeting of the House of Delegates, it shall elect, from among the district trustees *and the specialty society trustee,* a chairman, a vice chairman, and a secretary to serve until the next such meeting of the Board and until their successors are elected. . .

Subject Four

4. Hospital Medical Staff Representative to PMS Board, developed to implement Resolution 85-46, adopted by the House of Delegates.

Chapter XI - Nominations
Section 1. Origin of Nomination. . .

Nominations for district trustees shall be made from the floor of the House and only by seated delegates from their respective districts for which positions need to be filled. Nominations for a trustee from the specialties organized in Pennsylvania which are AMA Board certified specialties shall be made by the seated delegates from those specialties in the House of Delegates. Nominations for the resident physician trustee shall be made by seated delegates from the resident physician section. Nominations for the medical student trustee shall be made by seated delegates from the medical student section. *Nominations for the hospital medical staff trustee shall be*

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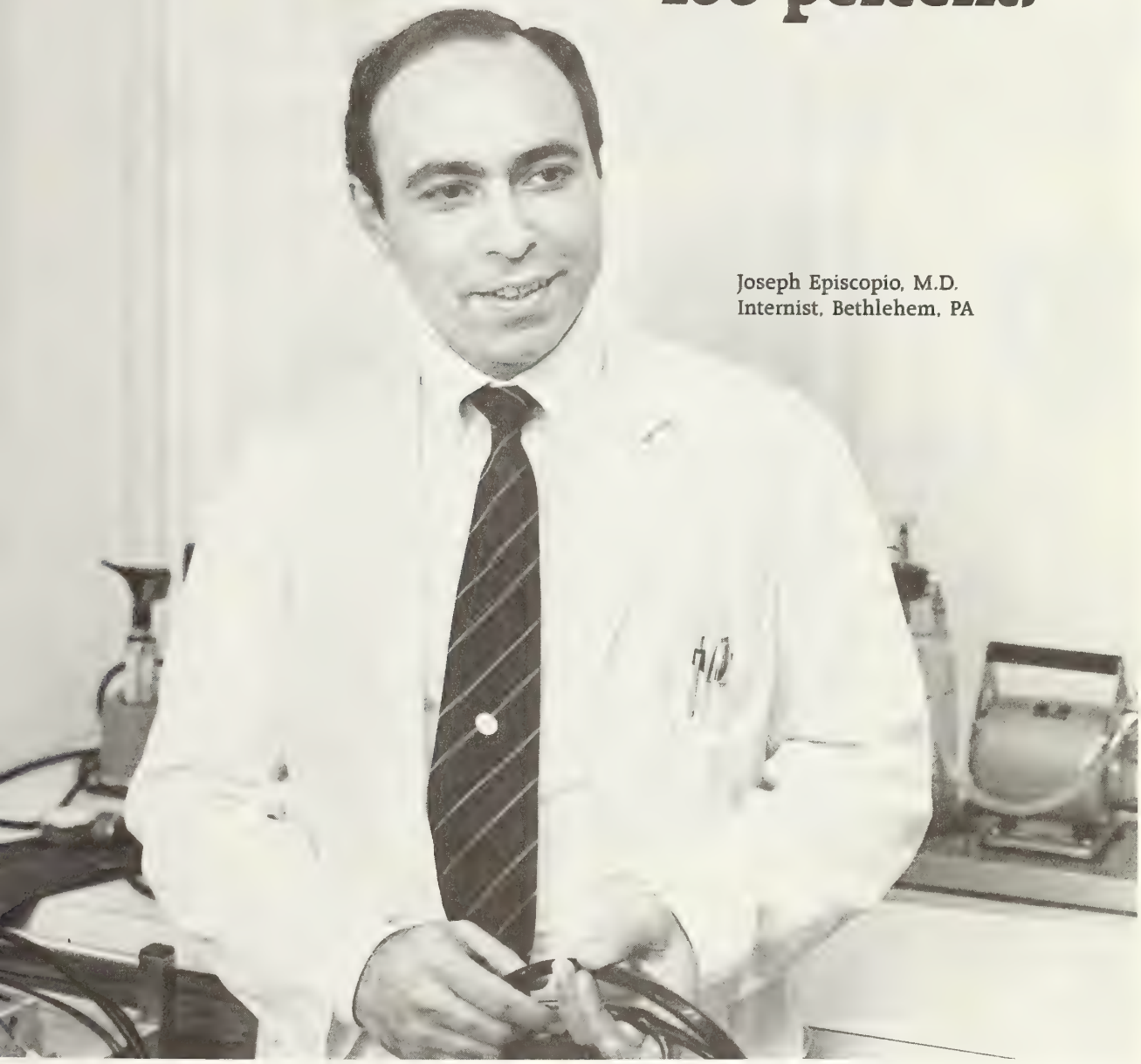

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made by the seated delegate from the hospital medical staff section in accordance with the procedures provided in Chapter XX, Section 4.

Chapter XV - The Board of Trustees
Section 3. Composition.

The Board of Trustees shall consist of the president, president elect, the vice president, the immediate past president, the speaker of the House of Delegates, the vice speaker of the House of Delegates, ex officio with the right to vote, one trustee who is a full dues-paying active member in good standing of this Society from each district, one trustee to represent the AMA Board certified specialties organized in Pennsylvania who is a full dues-paying active member in good standing of this Society and a member of a specialty organized in Pennsylvania which is an AMA Board certified specialty, one trustee to represent resident physicians who is an active member in good standing of this Society and who, at the time of election, is a resident physician member of this Society, [and] one trustee, without the right to vote, who is an active member in good standing of this Society and who, at the time of election, is a medical student member of this Society, *and one trustee to represent hospital medical staffs who is a full dues-paying active member in good standing of this Society and who, at the time of election, is a member of an allopathic hospital medical staff in Pennsyvlania.*

Chapter XV - The Board of Trustees
Section 5. Nomination and Election of Trustees.

Nomination for a district trustee shall be made by voting members of the House from the district to be represented. Nominations for the specialty society trustee shall be made by voting members of the House representing the AMA Board certified specialties organized in Pennsylvania. Nominations for resident physician trustee, [and] medical student trustee, *and hospital medical staff trustee* shall be made by seated delegates from the resident physician, [or] medical student, *or hospital medical staff* section, as the case may be. Election of all trustees by the House of Delegates is required.

Chapter XV - The Board of Trustees
Section 8. Temporary Appointment.

In the event that a trustee is unable to act, the chairman of the Board, after consultation with the components in the district, the specialties, the resident physician section, [or] the medical student section, *or the hospital medical staff section,* as the case may be, may promptly appoint a temporary trustee who meets the qualifications of the position vacated. At the next meeting of the Board of Trustees, if conditions are unchanged, the Board may continue the temporary appointment made by the chairman, or the Board may fill the vacancy, if one exists, according to the bylaws.

Chapter XX - Special Sections
Section 4. Medical Staff Section.

Membership in this section shall consist of representatives of allopathic hospital medical staffs in Pennsylvania. Every allopathic hospital medical staff shall be entitled to one representative to this section provided that the representative establishes, to the satisfaction of the credentials committee, that he was elected by the majority of the active physician voting members of the

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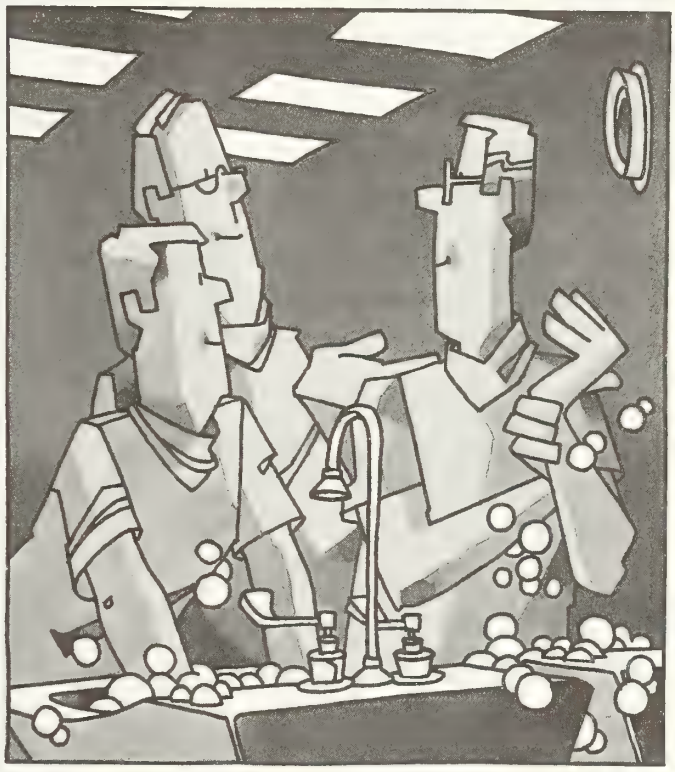

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medical staff represented or, if prior to October 1, 1985, was selected by the president of the medical staff, that he is a member of the Society and that he has clinical privileges granted by the medical staff represented.

The section shall elect *(a)* a governing council consisting of a chairman, vice chairman, secretary, delegate, and alternate delegate to the Society's House of Delegates and two members-at-large, *and (b) one or more qualified nominees for the position of hospital medical staff trustee who shall be placed in nomination at the Society's House of Delegates by the delegate of the section. The offices of governing council member and delegate or alternate may be held simultaneously by a single member of the section as may the offices of governing council member and medical staff trustee. The offices of trustee and delegate or alternate may not be held simultaneously.* The regular functions of this section shall include, but not be limited to, the conducting of a business meeting in conjunction with the Society's House of Delegates meeting.

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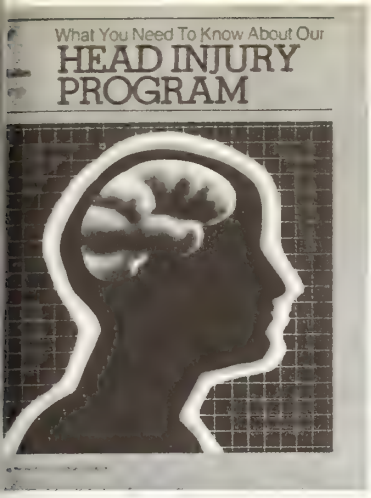
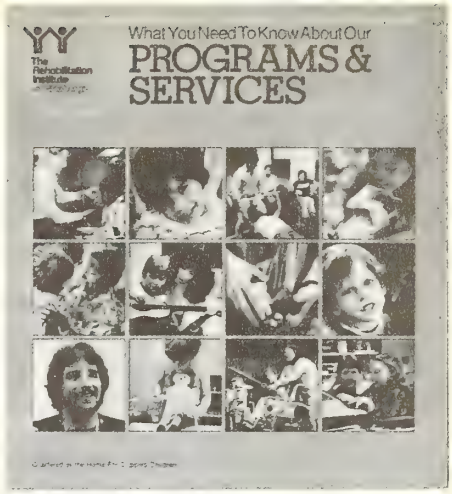
Subject Five

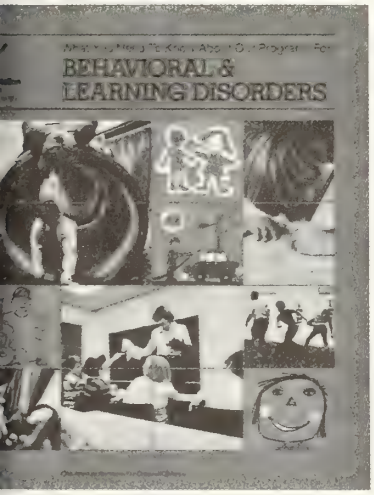
5. Procedures of Committee on Aid to Education to Endorse Recipients of Aid, developed to implement recommendations contained in Report B of the Committee on Aid to Education, as approved by the 1985 House of Delegates.

Chapter IV - Funds
Section 4. Educational Fund. . .

The Educational Fund shall be used only to assist, by grants or loans, with or without interest, in paying the education expenses of children of living or deceased Society members. Such children must be (a) in high school, college, or graduate school, and in financial need; (b) in medical school, in financial need, and not qualified under clause (a) of this section, but who are residents of Pennsylvania and who are in financial need; and (c) in medical school and residents of Pennsylvania, who, by their superior scholastic achievements, have shown unusual promise. [The trustees of The Educational and Scientific Trust, upon the recommendation of the Society's Committee on Aid to Education, shall select the recipients of loans or grants on the basis of character, scholastic ability, and, under clauses (a) and (b) above, financial need.] *The Committee on Aid to Education shall approve block grant allocation of funds to the medical schools for distribution to students based on criteria established by The Educational and Scientific Trust.* No such [loans or] grants may be made without the approval [by resolution] of a majority of the Committee on Aid to Education.







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Subject Six

6. PMS Executive Committee be named the Advisory Committee to the PMS Auxiliary, as recommended by the PMS Auxiliary, the PMS Executive Committee, and the Board of Trustees.

Chapter XVI - Committees, Administrative Councils and Commissions
Section 2. Standing Committees. . .
a. Advisory Committee to the Pennsylvania Medical Society Auxiliary—The Advisory Committee to the Pennsylvania Medical Society Auxiliary shall [consist of five members appointed by the president elect.] *be the Executive Committee of the Board of Trustees of the Pennsylvania Medical Society.* It shall act in an advisory capacity whenever called upon by the Pennsylvania Medical Society Auxiliary and provide consultation and direction.

Subject Seven

7. Use of income from Medical Benevolence Fund for additional purposes beyond those presently defined, as recommended by the Finance Committee and the Board of Trustees.

Chapter IV - Funds
Section 3. Medical Benevolence Fund.

Each year the Board of Trustees may appropriate a sum, not to exceed 15 percent of the annual assessment for all active members, to be set aside by the treasurer as the Medical Benevolence Fund. The Medical Benevolence Fund shall be used only for *(1)* the relief of pecuniary distress of (a) sick or aged active and associate members or the parents, widows, widowers, or children of deceased active or associate members, and (b) active and associate members, resulting from catastrophic natural emergencies, *and (2) such other uses as the Board of Trustees shall designate as long as there are sufficient monies to make the payments permitted by (1) above.* [The Medical Benevolence Fund shall be under the absolute and confidential control of the Committee on Medical Benevolence.] Any money paid from the fund shall not exceed any limitations imposed by the Board of Trustees. Money paid from the fund *as permitted by (1) above* requires approval by a majority of the Committee on Medical Benevolence by general or special resolution. The Medical Benevolence Fund shall be administered by the secretary of this Society, who shall certify to the treasurer all amounts to be paid from the fund. Every effort shall be made to keep to identity of fund recipients confidential within the Committee on Medical Benevolence, necessary Society staff members, and the Board of Trustees.

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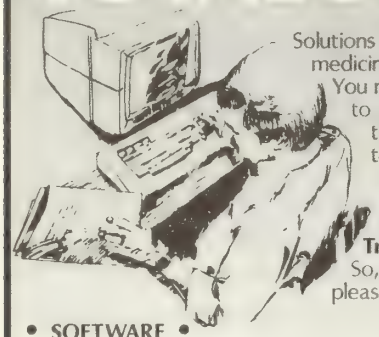

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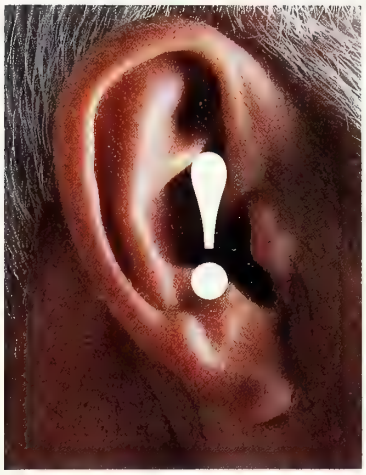

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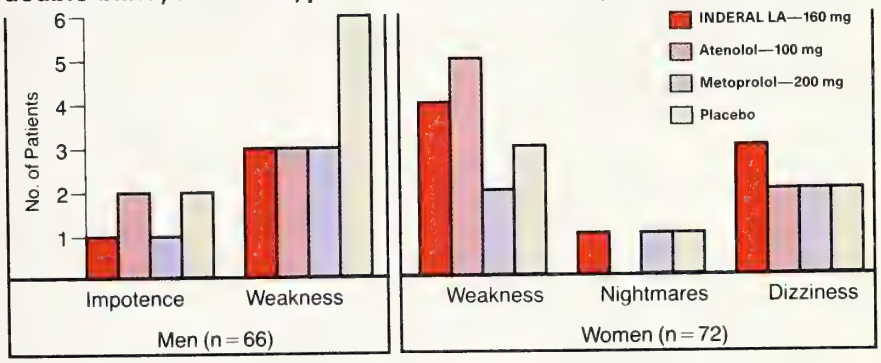

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INDERAL LA should not be used in the presence of congestive heart failure, sinus bradycardia, cardiogenic shock, heart block greater than first degree, and bronchial asthma.

Please turn page for brief summary of prescribing information.

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(PROPRANOLOL HCl)

ONCE-DAILY LONG ACTING CAPSULES 80/50 120/50 160/50

INDERIDE® LA

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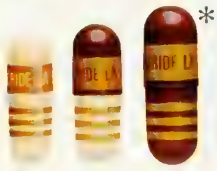

BRIEF SUMMARY *(FOR FULL PRESCRIBING INFORMATION, SEE PACKAGE CIRCULARS.)*

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INDERIDE® LA Brand of PROPRANOLOL HYDROCHLORIDE (INDERAL® LA) and HYDROCHLOROTHIAZIDE **(Long Acting Capsules)**

INDERAL LA and INDERIDE LA Capsules should not be considered simple mg-for-mg substitutes for INDERAL and INDERIDE Tablets. Please see package circulars.

CONTRAINDICATIONS

Propranolol hydrochloride (INDERAL® LA): Propranolol is contraindicated in: 1) cardiogenic shock; 2) sinus bradycardia and greater than first degree block; 3) bronchial asthma; 4) congestive heart failure (see WARNINGS) unless the failure is secondary to a tachyarrhythmia treatable with propranolol.

Hydrochlorothiazide: Hydrochlorothiazide is contraindicated in patients with anuria or hypersensitivity to this or other sulfonamide-derived drugs.

WARNINGS

Propranolol hydrochloride (INDERAL® LA): CARDIAC FAILURE: Sympathetic stimulation may be a vital component supporting circulatory function in patients with congestive heart failure, and its inhibition by beta blockade may precipitate more severe failure. Although beta blockers should be avoided in overt congestive heart failure, if necessary, they can be used with close follow-up in patients with a history of failure who are well compensated, and are receiving digitalis and diuretics. Beta-adrenergic blocking agents do not abolish the inotropic action of digitalis on heart muscle.

IN PATIENTS WITHOUT A HISTORY OF HEART FAILURE, continued use of beta blockers can, in some cases, lead to cardiac failure. Therefore, at the first sign or symptom of heart failure, the patient should be digitalized and/or treated with diuretics, and the response observed closely; or propranolol should be discontinued (gradually, if possible).

IN PATIENTS WITH ANGINA PECTORIS, there have been reports of exacerbation of angina and, in some cases, myocardial infarction following *abrupt* discontinuance of propranolol therapy. Therefore, when discontinuance of propranolol is planned the dosage should be gradually reduced and the patient carefully monitored. In addition, when propranolol is prescribed for angina pectoris, the patient should be cautioned against interruption or cessation of therapy without the physician's advice. If propranolol therapy is interrupted and exacerbation of angina occurs, it usually is advisable to reinstitute propranolol therapy and take other measures appropriate for the management of unstable angina pectoris. Since coronary artery disease may be unrecognized, it may be prudent to follow the above advice in patients considered at risk of having occult atherosclerotic heart disease who are given propranolol for other indications.

THYROTOXICOSIS: Beta blockade may mask certain clinical signs of hyperthyroidism. Therefore, abrupt withdrawal of propranolol may be followed by an exacerbation of symptoms of hyperthyroidism, including thyroid storm. Propranolol does not distort thyroid function tests.

IN PATIENTS WITH WOLFF-PARKINSON-WHITE SYNDROME, several cases have been reported in which, after propranolol, the tachycardia was replaced by a severe bradycardia requiring a demand pacemaker. In one case this resulted after an initial dose of 5 mg propranolol.

MAJOR SURGERY: The necessity or desirability of withdrawal of beta-blocking therapy prior to major surgery is controversial. It should be noted, however, that the impaired ability of the heart to respond to reflex adrenergic stimuli may augment the risks of general anesthesia and surgical procedures.

Nonallergic Bronchospasm (eg, chronic bronchitis, emphysema)—PATIENTS WITH BRONCHOSPASTIC DISEASES SHOULD, IN GENERAL, NOT RECEIVE BETA BLOCKERS. INDERAL should be administered with caution, since it may block bronchodilation produced by endogenous and exogenous catecholamine stimulation of beta receptors.

DIABETES AND HYPOGLYCEMIA: Beta-adrenergic blockade may prevent the appearance of certain premonitory signs and symptoms (pulse rate and pressure changes) of acute hypoglycemia in labile insulin-dependent diabetes. In these patients, it may be more difficult to adjust the dosage of insulin. Hypoglycemic attacks may be accompanied by a precipitous elevation of blood pressure.

Hydrochlorothiazide: Thiazides should be used with caution in severe renal disease. In patients with renal disease, thiazides may precipitate azotemia. In patients with impaired renal function, cumulative effects of the drug may develop.

Thiazides should also be used with caution in patients with impaired hepatic function or progressive liver disease, since minor alterations of fluid and electrolyte balance may precipitate hepatic coma.

Thiazides may add to or potentiate the action of other antihypertensive drugs. Potentiation occurs with ganglionic or peripheral adrenergic-blocking drugs.

Sensitivity reactions may occur in patients with a history of allergy or bronchial asthma.

The possibility of exacerbation or activation of systemic lupus erythematosus has been reported.

PRECAUTIONS

Propranolol hydrochloride (INDERAL® LA): GENERAL: Propranolol should be used with caution in patients with impaired hepatic or renal function. Propranolol is not indicated for the treatment of hypertensive emergencies.

Beta-adrenoreceptor blockade can cause reduction of intraocular pressure. Patients should be told that propranolol may interfere with the glaucoma screening test. Withdrawal may lead to a return of increased intraocular pressure.

CLINICAL LABORATORY TESTS: Elevated blood urea levels in patients with severe heart disease, elevated serum transaminase, alkaline phosphatase, lactate dehydrogenase.

DRUG INTERACTIONS: Patients receiving catecholamine-depleting drugs, such as reserpine, should be closely observed if propranolol is administered. The added catecholamine-blocking action may produce an excessive reduction of resting sympathetic nervous activity, which may result in hypotension, marked bradycardia, vertigo, syncopal attacks, or orthostatic hypotension.

CARCINOGENESIS, MUTAGENESIS, IMPAIRMENT OF FERTILITY: Long-term studies in animals have been conducted to evaluate toxic effects and carcinogenic potential. In 18-month studies, in both rats and mice, employing doses up to 150 mg/kg/day, there was no evidence of significant drug-induced toxicity. There were no drug-related tumorigenic effects at any of the dosage levels. Reproductive studies in animals did not show any impairment of fertility that was attributable to the drug.

PREGNANCY: Pregnancy Category C. Propranolol has been shown to be embryotoxic in animal studies at doses about 10 times greater than the maximal recommended human dose. There are no adequate and well-controlled studies in pregnant women. Propranolol should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

NURSING MOTHERS: Propranolol is excreted in human milk. Caution should be exercised when propranolol is administered to a nursing mother.

PEDIATRIC USE: Safety and effectiveness in children have not been established.

Hydrochlorothiazide: GENERAL: Periodic determination of serum electrolytes to detect possible electrolyte imbalance should be performed at appropriate intervals.

All patients receiving thiazide therapy should be observed for clinical signs of fluid or electrolyte imbalance, namely: Hyponatremia, hypochloremic alkalosis, and hypokalemia. Serum and urine electrolyte determinations are particularly important when the patient is vomiting excessively or receiving parenteral fluids. Medication such as digitalis may also influence serum electrolytes. Warning signs irrespective of cause are: Dryness of mouth, thirst, weakness, lethargy, drowsiness, restlessness, muscle pains or cramps, muscular fatigue, hypotension, oliguria, tachycardia, and gastrointestinal disturbances such as nausea and vomiting.

Hypokalemia may develop, especially with brisk diuresis, when severe cirrhosis is present, or during concomitant use of corticosteroids or ACTH.

Interference with adequate oral electrolyte intake will also contribute to hypokalemia. Hypokalemia can sensitize or exaggerate the response of the heart to the toxic effect of digitalis (eg, increased ventricular irritability). Hypokalemia may be avoided or treated by use of potassium supplements, such as foods with a high potassium content.

Any chloride deficit is generally mild and usually does not require specific treatment, except under extraordinary circumstances (as in liver or renal disease). Dilutional hyponatremia may occur in edematous patients in hot weather; appropriate therapy is water restriction, rather than administration of salt, except in rare instances when the hyponatremia is life-threatening. In actual salt depletion, appropriate replacement is the therapy of choice.

Hyperuricemia may occur or frank gout may be precipitated in certain patients receiving thiazide therapy.

Insulin requirements in diabetic patients may be increased, decreased, or unchanged. Diabetes mellitus which has been latent may become manifest during thiazide administration.

If progressive renal impairment becomes evident, consider withholding or discontinuing diuretic therapy.

Thiazides may decrease serum PBI levels without signs of thyroid disturbance.

Calcium excretion is decreased by thiazides. Pathologic changes in the parathyroid gland with hypercalcemia and hypophosphatemia have been observed in a few patients on prolonged thiazide therapy. The common complications of hyperparathyroidism, such as renal lithiasis, bone resorption, and peptic ulceration, have not been seen. Thiazides should be discontinued before carrying out tests for parathyroid function.

DRUG INTERACTIONS: Thiazide drugs may increase the responsiveness to tubocurarine.

The antihypertensive effects of thiazides may be enhanced in the postsympathectomy patient. Thiazides may decrease arterial responsiveness to norepinephrine. This diminution is not sufficient to preclude effectiveness of the pressor agent for therapeutic use.

PREGNANCY: Pregnancy Category C. Thiazides cross the placental barrier and appear in cord blood. The use of thiazides in pregnancy requires that the anticipated benefit be weighed against possible hazards to the fetus. These hazards include fetal or neonatal jaundice, thrombocytopenia, and possibly other adverse reactions which have occurred in the adult.

NURSING MOTHERS: Thiazides appear in human milk. If use of the drug is deemed essential, the patient should stop nursing.

PEDIATRIC USE: Safety and effectiveness in children have not been established.

ADVERSE REACTIONS

Propranolol hydrochloride (INDERAL® LA): Most adverse effects have been mild and transient and have rarely required the withdrawal of therapy.

Cardiovascular: Bradycardia, congestive heart failure; intensification of AV block, hypotension, paresthesia of hands; thrombocytopenic purpura; arterial insufficiency, usually of the Raynaud type.

Central Nervous System: Lightheadedness; mental depression manifested by insomnia, lassitude, weakness, fatigue; reversible mental depression progressing to catatonia; visual disturbances, hallucinations; an acute reversible syndrome characterized by disorientation for time and place; short-term memory loss; emotional lability; slightly clouded sensorium, and decreased performance on neuropsychometrics.

Gastrointestinal: Nausea, vomiting, epigastric distress, abdominal cramping, diarrhea, constipation; mesenteric arterial thrombosis; ischemic colitis.

Allergic: Pharyngitis and agranulocytosis; erythematous rash; fever combined with aching and sore throat, laryngospasm and respiratory distress.

Respiratory: Bronchospasm.

Hematologic: Agranulocytosis; nonthrombocytopenic purpura, thrombocytopenic purpura.

Auto-Immune: In extremely rare instances, systemic lupus erythematosus has been reported.

Miscellaneous: Alopecia; LE-like reactions; psoriasiform rashes; dry eyes; male impotence; and Peyronie's disease have been reported rarely. Oculomucocutaneous reactions involving the skin, serous membranes, and conjunctivae reported for a beta blocker (practolol) have not been associated with propranolol.

Hydrochlorothiazide:

Gastrointestinal: Anorexia; gastric irritation, nausea, vomiting, cramping, diarrhea, constipation; jaundice (intrahepatic cholestatic jaundice), pancreatitis, sialadenitis.

Central Nervous System: Dizziness, vertigo, paresthesias, headache; xanthopsia.

Hematologic: Leukopenia, agranulocytosis; thrombocytopenia, aplastic anemia.

Cardiovascular: Orthostatic hypotension (may be aggravated by alcohol, barbiturates, or narcotics).

Hypersensitivity: Purpura, photosensitivity; rash; urticaria; necrotizing angiitis (vasculitis, cutaneous vasculitis), fever, respiratory distress, including pneumonitis; anaphylactic reactions.

Other: Hyperglycemia, glycosuria; hyperuricemia, muscle spasm; weakness, restlessness, transient blurred vision.

Whenever adverse reactions are moderate or severe, thiazide dosage should be reduced or therapy withdrawn.

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REFERENCE:

1. Ravid M, Lang R, Jutrin I: The relative antihypertensive potency of propranolol, oxprenolol, atenolol, and metoprolol given once daily. *Arch Intern Med* 1985;145:1321–1323.

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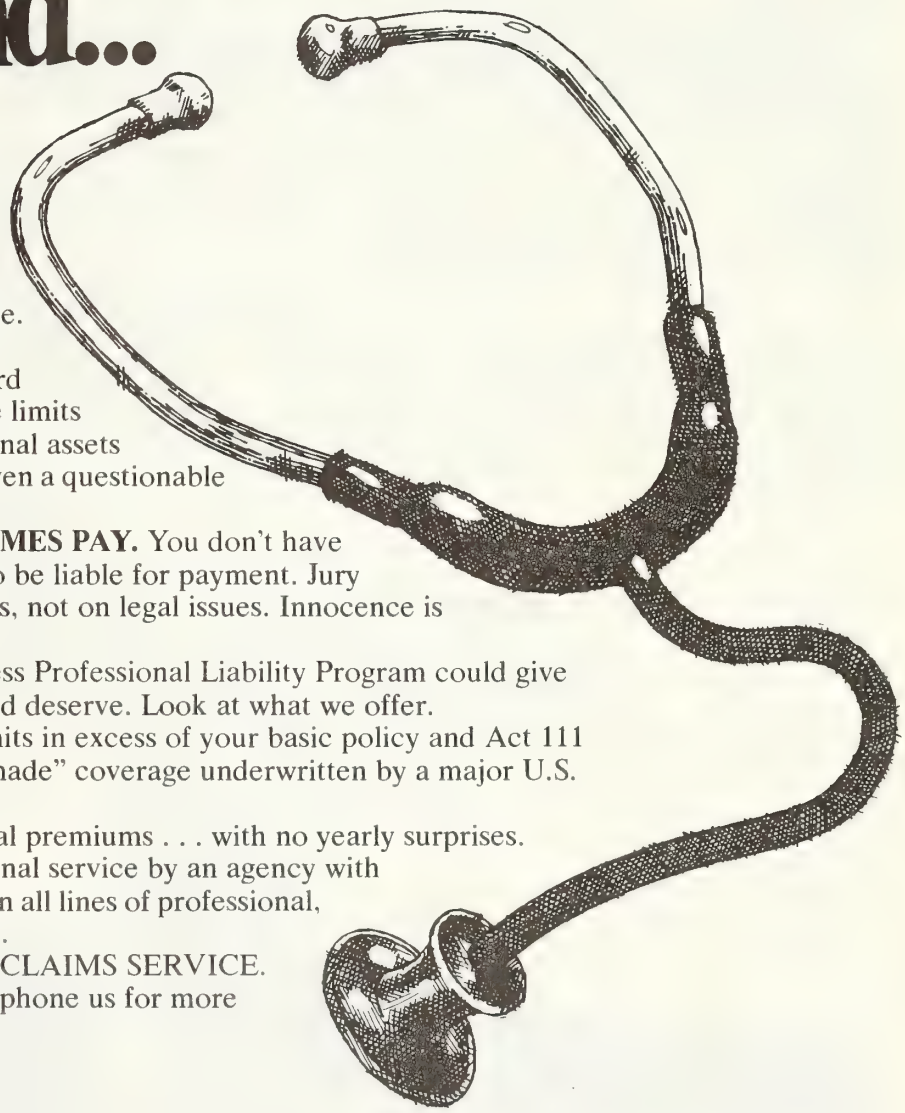

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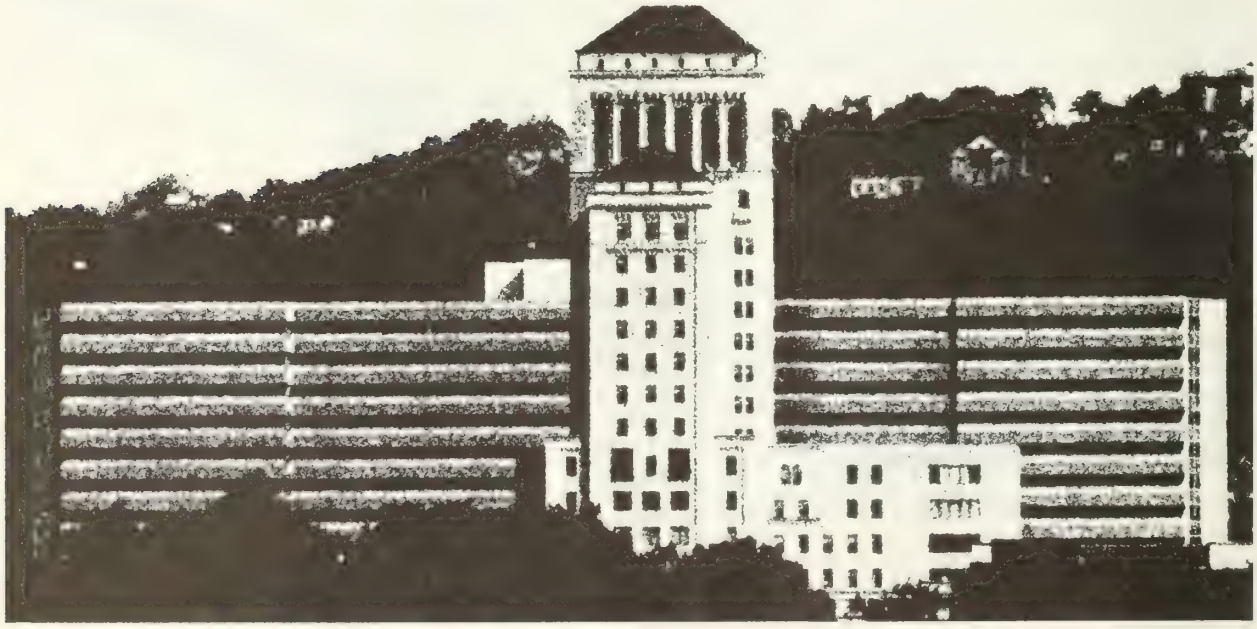

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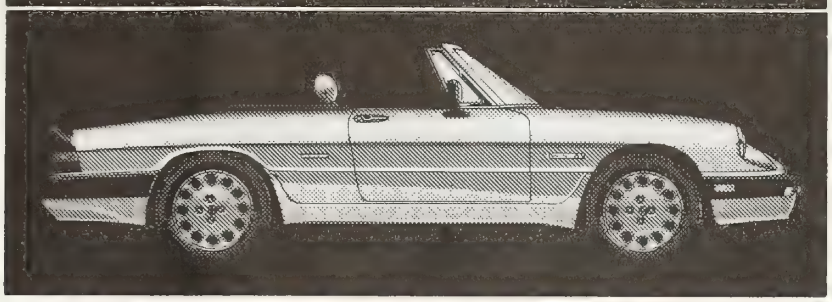

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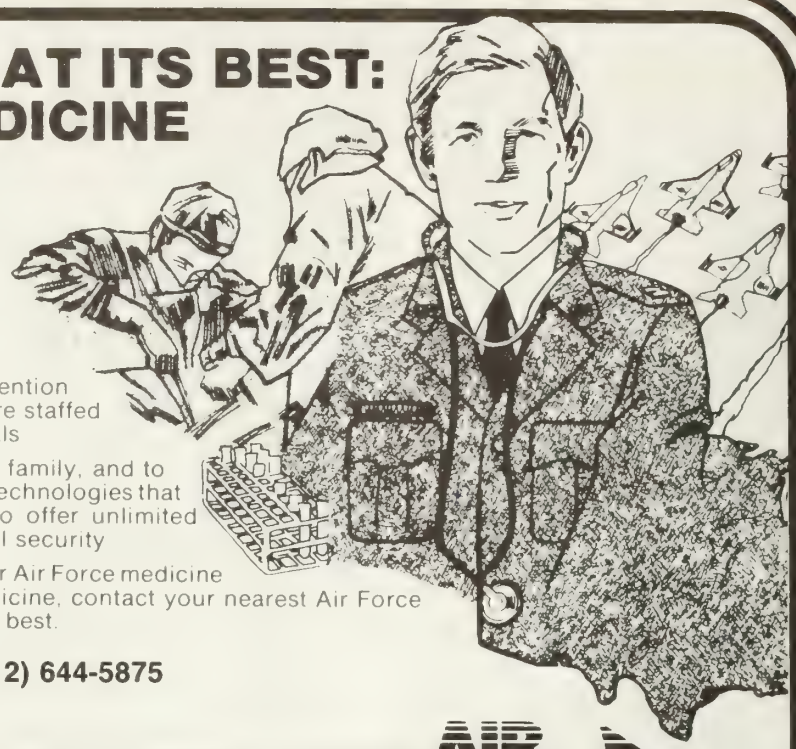

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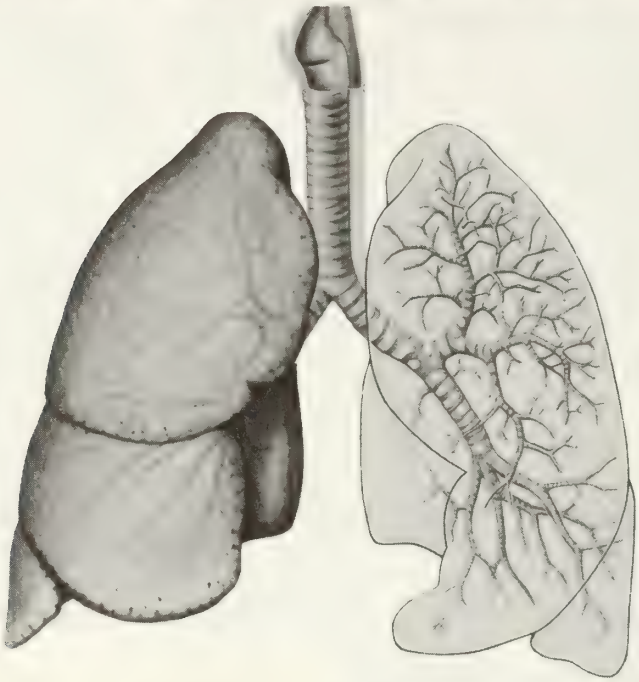

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Haemophilus influenzae, H influenzae, Streptococcus pneumoniae, Streptococcus pyogenes
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Note: Ceclor® is contraindicated in patients with known allergy to the cephalosporins and should be given cautiously to penicillin-allergic patients.

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Ceclor® (cefaclor)

Summary. Consult the package literature for prescribing information.

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Contraindications: Known allergy to cephalosporins.

Warnings: CECLOR SHOULD BE ADMINISTERED CAUTIOUSLY TO PENICILLIN-SENSITIVE PATIENTS. PENICILLINS AND CEPHALOSPORINS SHOW PARTIAL CROSS-ALLERGENICITY. POSSIBLE REACTIONS INCLUDE ANAPHYLAXIS

Administer cautiously to allergic patients

Pseudomembranous colitis has been reported with virtually all broad-spectrum antibiotics. It must be considered in differential diagnosis of antibiotic-associated diarrhea. Colon flora is altered by broad-spectrum antibiotic treatment, possibly resulting in antibiotic-associated colitis

Precautions:
- Discontinue Ceclor in the event of allergic reactions to it
- Prolonged use may result in overgrowth of nonsusceptible organisms
- Positive direct Coombs' tests have been reported during treatment with cephalosporins.
- In renal impairment, safe dosage of Ceclor may be lower than that usually recommended. Ceclor should be administered with caution in such patients
- Broad-spectrum antibiotics should be prescribed with caution in individuals with a history of gastrointestinal disease, particularly colitis
- Safety and effectiveness have not been determined in pregnancy, lactation, and infants less than one month old. Ceclor penetrates mother's milk. Exercise caution in prescribing for these patients

Adverse Reactions: (percentage of patients)

Therapy-related adverse reactions are uncommon. Those reported include
- Gastrointestinal (mostly diarrhea): 2.5%
- Symptoms of pseudomembranous colitis may appear either during or after antibiotic treatment
- Hypersensitivity reactions (including morbilliform eruptions, pruritus, urticaria, erythema multiforme, serum-sickness-like reactions): 1.5%; usually subside within a few days after cessation of therapy. These reactions have been reported more frequently in children than in adults and have usually occurred during or following a second course of therapy with Ceclor. No serious sequelae have been reported. Antihistamines and corticosteroids appear to enhance resolution of the syndrome.
- Cases of anaphylaxis have been reported, half of which have occurred in patients with a history of penicillin allergy
- Other: eosinophilia, 2%; genital pruritus or vaginitis, less than 1%

Abnormalities in laboratory results of uncertain etiology
- Slight elevations in hepatic enzymes
- Transient fluctuations in leukocyte count (especially in infants and children)
- Abnormal urinalysis; elevations in BUN or serum creatinine
- Positive direct Coombs' test
- False-positive tests for urinary glucose with Benedict's or Fehling's solution and Clinitest® tablets but not with Tes-Tape® (glucose enzymatic test strip, Lilly)

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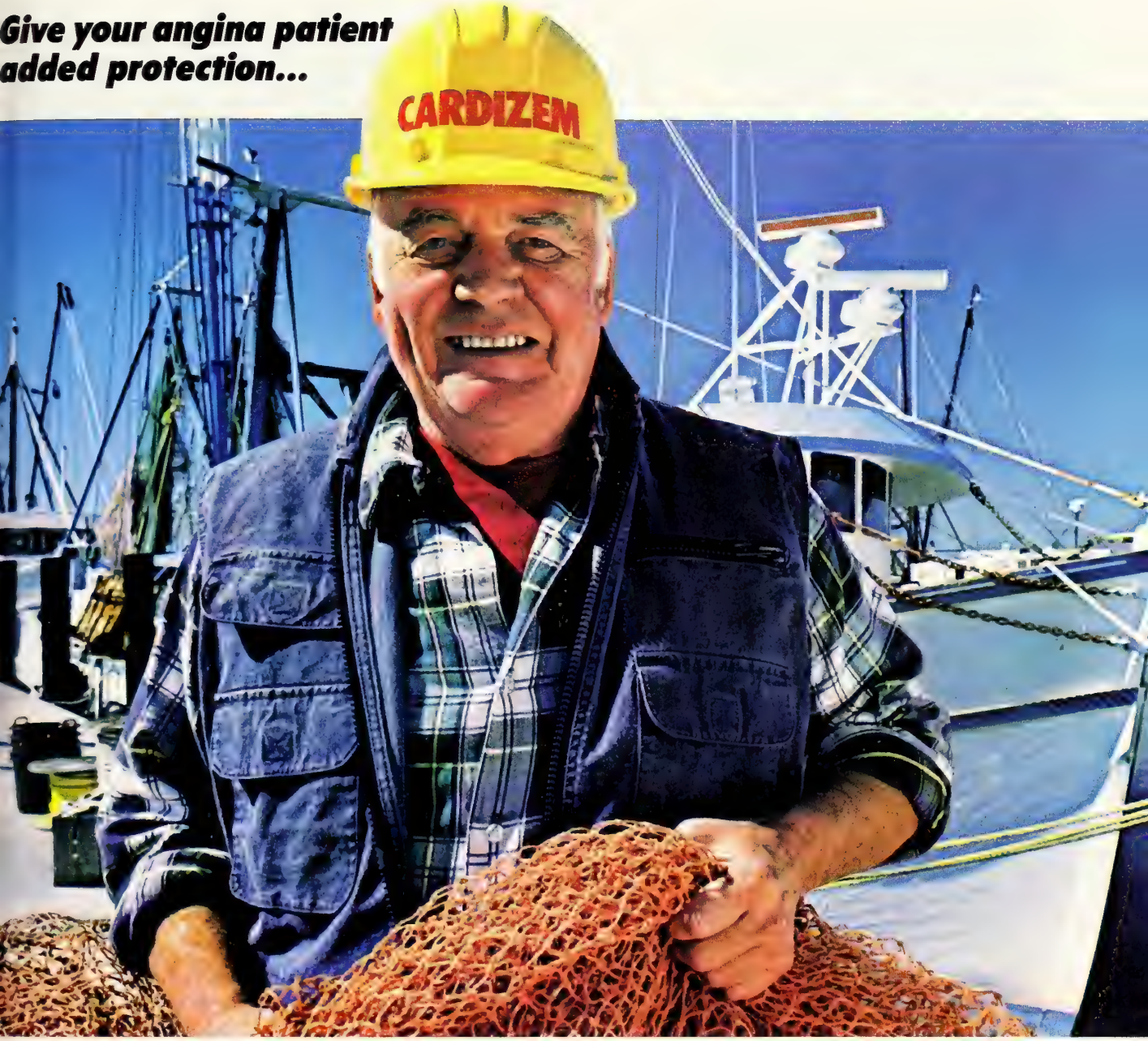

CARDIZEM®: FEWER SIDE EFFECTS

diltiazem HCl/Marion

- ***The lowest incidence of side effects among the calcium channel blockers[1-6]***
- ***A safe choice for angina patients with coexisting hypertension, asthma, COPD, or PVD[4,7]***
- ***Proven efficacy when used alone in angina[3]***
- ***Compatible with other antianginals[8,9]****

****See Warnings and Precautions.***

Please see brief summary of prescribing information on the next page.

CARDIZEM® FEWER SIDE EFFECTS IN ANTIANGINAL THERAPY

diltiazem HCl/Marion

60 mg tid or qid

Brief Summary
Professional Use Information
CARDIZEM®
(diltiazem HCl) 30 mg and 60 mg Tablets

CONTRAINDICATIONS

CARDIZEM is contraindicated in (1) patients with sick sinus syndrome except in the presence of a functioning ventricular pacemaker, (2) patients with second- or third-degree AV block except in the presence of a functioning ventricular pacemaker, and (3) patients with hypotension (less than 90 mm Hg systolic)

WARNINGS

1. **Cardiac Conduction.** CARDIZEM prolongs AV node refractory periods without significantly prolonging sinus node recovery time, except in patients with sick sinus syndrome. This effect may rarely result in abnormally slow heart rates (particularly in patients with sick sinus syndrome) or second- or third-degree AV block (six of 1,243 patients for 0 48%). Concomitant use of diltiazem with beta-blockers or digitalis may result in additive effects on cardiac conduction. A patient with Prinzmetal's angina developed periods of asystole (2 to 5 seconds) after a single dose of 60 mg of diltiazem
2. **Congestive Heart Failure.** Although diltiazem has a negative inotropic effect in isolated animal tissue preparations, hemodynamic studies in humans with normal ventricular function have not shown a reduction in cardiac index nor consistent negative effects on contractility (dp/dt). An acute study of oral diltiazem in patients with impaired ventricular function (ejection fraction 24% ± 6%) showed improvement in indices of ventricular function without significant decrease in contractile function (dp/dt). Experience with the use of CARDIZEM alone or in combination with beta-blockers in patients with impaired ventricular function is limited. Caution should be exercised when using the drug in such patients.
3. **Hypotension.** Decreases in blood pressure associated with CARDIZEM therapy may occasionally result in symptomatic hypotension
4. **Acute Hepatic Injury.** In rare instances, significant elevations in enzymes such as alkaline phosphatase, CPK, LDH, SGOT, SGPT, and other symptoms consistent with acute hepatic injury have been noted. These reactions have been reversible upon discontinuation of drug therapy. The relationship to CARDIZEM is uncertain in most cases, but probable in some. (See PRECAUTIONS)

PRECAUTIONS

General. CARDIZEM (diltiazem hydrochloride) is extensively metabolized by the liver and excreted by the kidneys and in bile. As with any new drug given over prolonged periods, laboratory parameters should be monitored at regular intervals. The drug should be used with caution in patients with impaired renal or hepatic function. In subacute and chronic dog and rat studies designed to produce toxicity, high doses of diltiazem were associated with hepatic damage. In special subacute hepatic studies, oral doses of 125 mg/kg and higher in rats were associated with histological changes in the liver which were reversible when the drug was discontinued. In dogs, doses of 20 mg/kg were also associated with hepatic changes; however, these changes were reversible with continued dosing

Drug Interaction. Pharmacologic studies indicate that there may be additive effects in prolonging AV conduction when using beta-blockers or digitalis concomitantly with CARDIZEM. (See WARNINGS)

Controlled and uncontrolled domestic studies suggest that concomitant use of CARDIZEM and beta-blockers or digitalis is usually well tolerated. Available data are not sufficient, however, to predict the effects of concomitant treatment, particularly in patients with left ventricular dysfunction or cardiac conduction abnormalities. In healthy volunteers, diltiazem has been shown to increase serum digoxin levels up to 20%

Carcinogenesis, Mutagenesis, Impairment of Fertility. A 24-month study in rats and a 21-month study in mice showed no evidence of carcinogenicity. There was also no mutagenic response in in vitro bacterial tests. No intrinsic effect on fertility was observed in rats

Pregnancy. Category C. Reproduction studies have been conducted in mice, rats, and rabbits. Administration of doses ranging from five to ten times greater (on a mg/kg basis) than the daily recommended therapeutic dose has resulted in embryo and fetal lethality. These doses, in some studies, have been reported to cause skeletal abnormalities. In the perinatal/postnatal studies, there was some reduction in early individual pup weights and survival rates. There was an increased incidence of stillbirths at doses of 20 times the human dose or greater.

There are no well-controlled studies in pregnant women, therefore, use CARDIZEM in pregnant women only if the potential benefit justifies the potential risk to the fetus

Nursing Mothers. Diltiazem is excreted in human milk. One report suggests that concentrations in breast milk may approximate serum levels. If use of CARDIZEM is deemed essential, an alternative method of infant feeding should be instituted

Pediatric Use. Safety and effectiveness in children have not been established

ADVERSE REACTIONS

Serious adverse reactions have been rare in studies carried out to date, but it should be recognized that patients with impaired ventricular function and cardiac conduction abnormalities have usually been excluded

In domestic placebo-controlled trials, the incidence of adverse reactions reported during CARDIZEM therapy was not greater than that reported during placebo therapy

The following represent occurrences observed in clinical studies which can be at least reasonably associated with the pharmacology of calcium influx inhibition. In many cases, the relationship to CARDIZEM has not been established. The most common occurrences as well as their frequency of presentation are: edema (2.4%), headache (2.1%), nausea (1.9%), dizziness (1.5%), rash (1.3%), asthenia (1.2%). In addition, the following events were reported infrequently (less than 1%)

Cardiovascular:	Angina, arrhythmia, AV block (first degree), AV block (second or third degree — see conduction warning), bradycardia, congestive heart failure, flushing, hypotension, palpitations, syncope
Nervous System:	Amnesia, gait abnormality, hallucinations, insomnia, nervousness, paresthesia, personality change, somnolence, tinnitus, tremor.
Gastrointestinal:	Anorexia, constipation, diarrhea, dysgeusia, dyspepsia, mild elevations of alkaline phosphatase, SGOT, SGPT, and LDH (see hepatic warnings), vomiting, weight increase
Dermatologic:	Petechiae, pruritus, photosensitivity, urticaria.
Other:	Amblyopia, dyspnea, epistaxis, eye irritation, hyperglycemia, nasal congestion, nocturia, osteoarticular pain, polyuria, sexual difficulties

The following postmarketing events have been reported infrequently in patients receiving CARDIZEM: alopecia, gingival hyperplasia, erythema multiforme, and leukopenia. However, a definitive cause and effect between these events and CARDIZEM therapy is yet to be established. Issued 11/85

See complete Professional Use Information before prescribing

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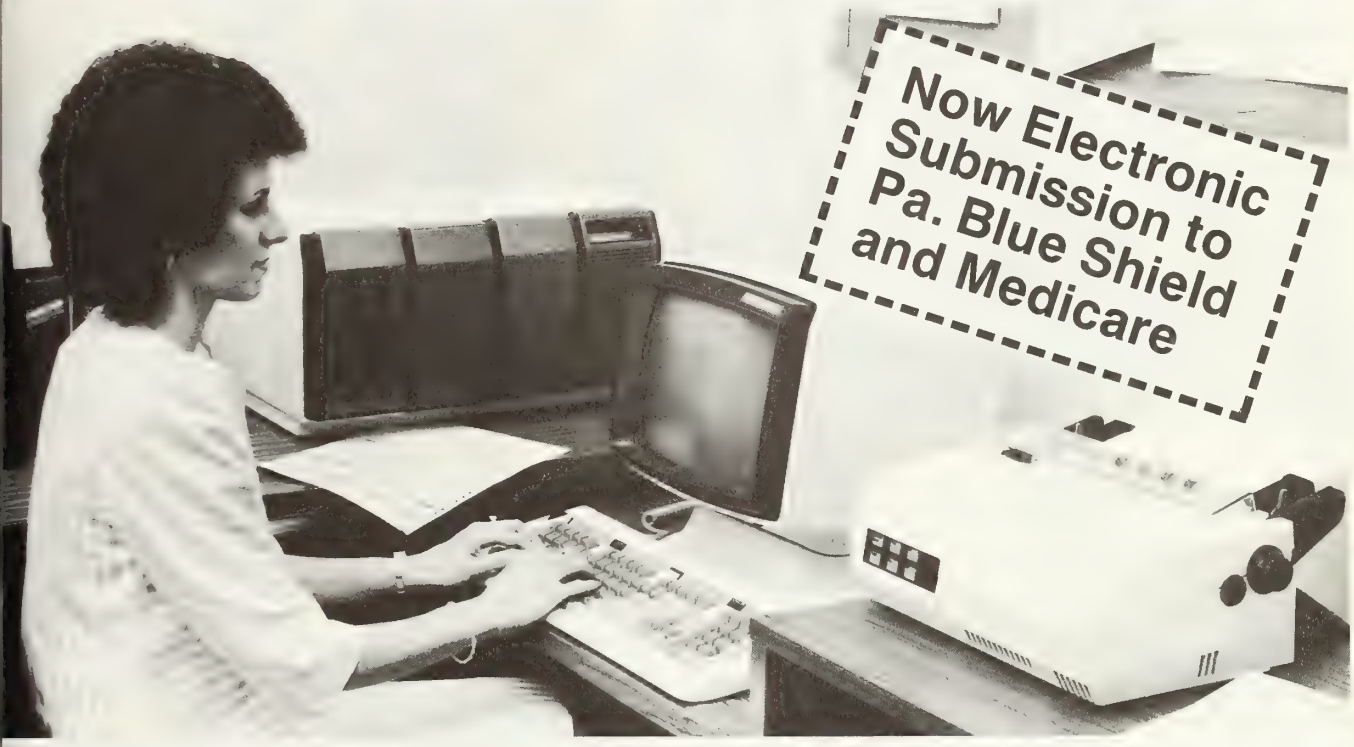

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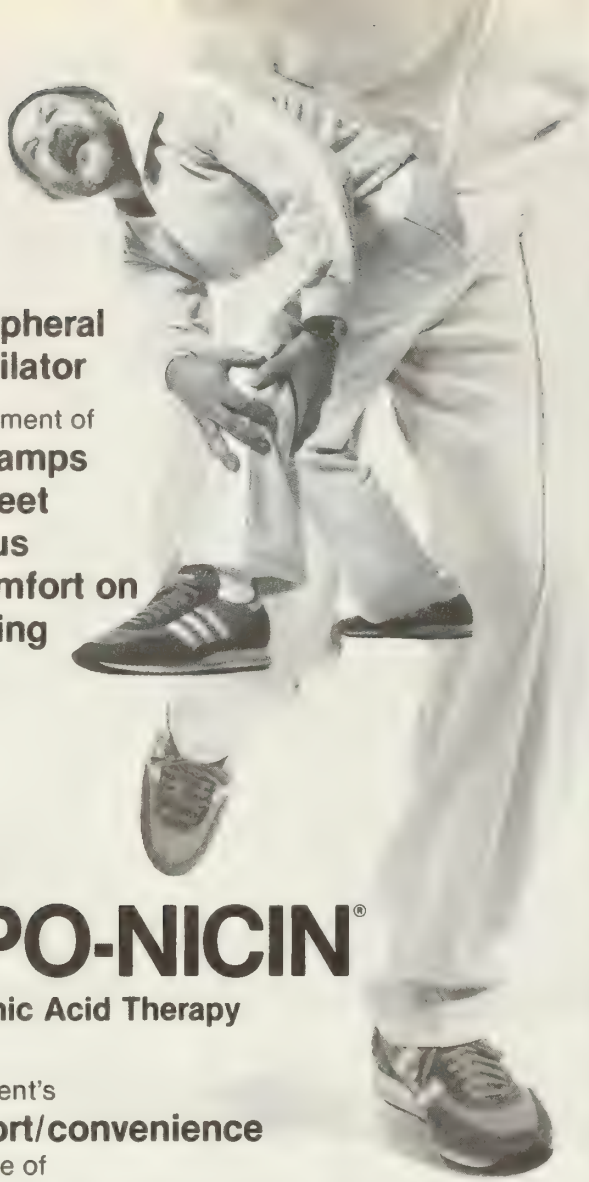

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AVAILABLE: Bottles of 100, 500

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Niacinamide.....75 mg.
Ascorbic Acid.....150 mg.
Thiamine HCL (B-1) .....25 mg.
Riboflavin (B-2).....2 mg.
Pyridoxine HCL (B-6) .....10 mg.
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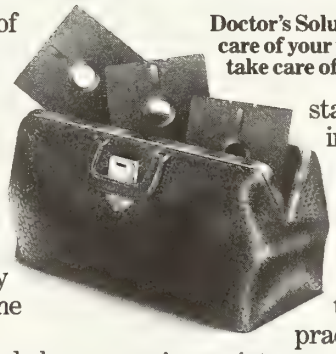

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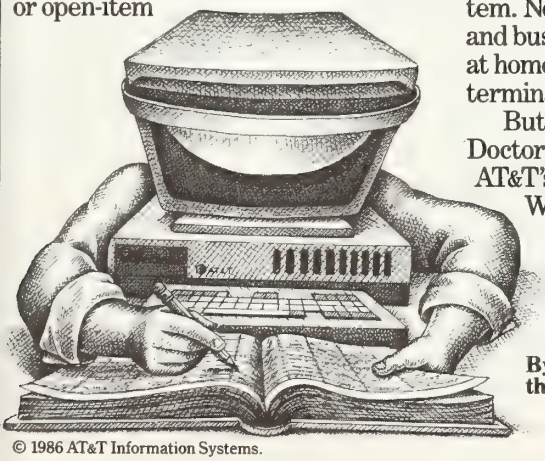

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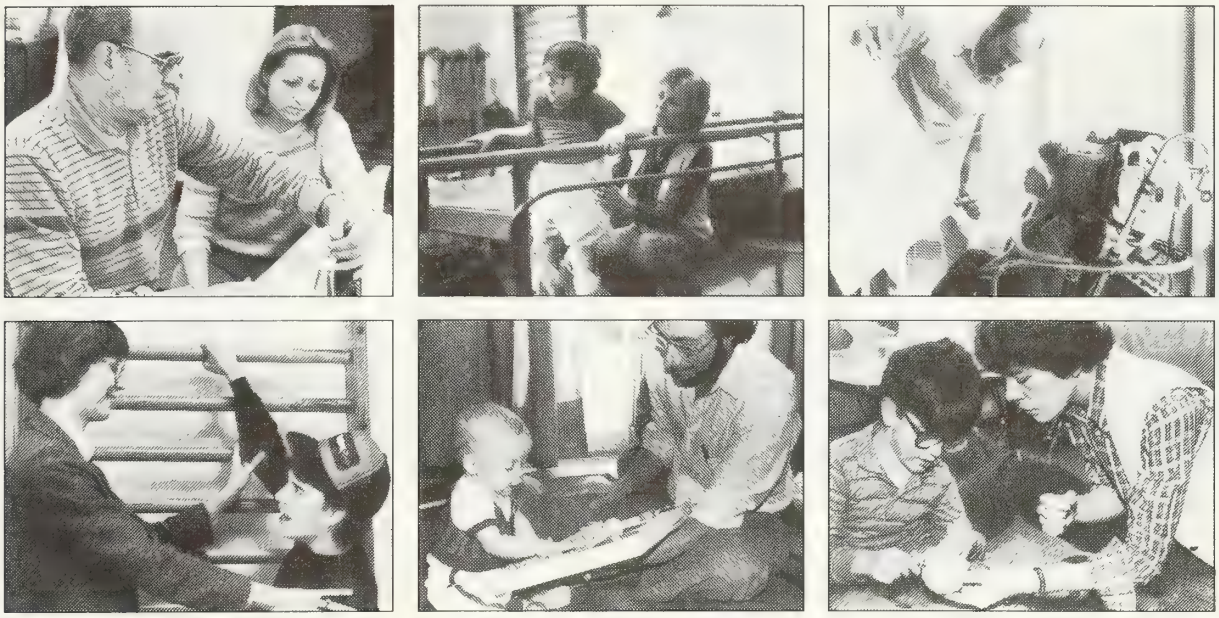

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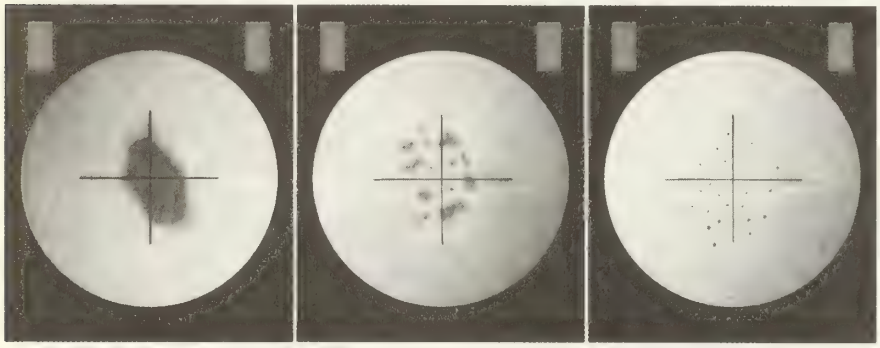

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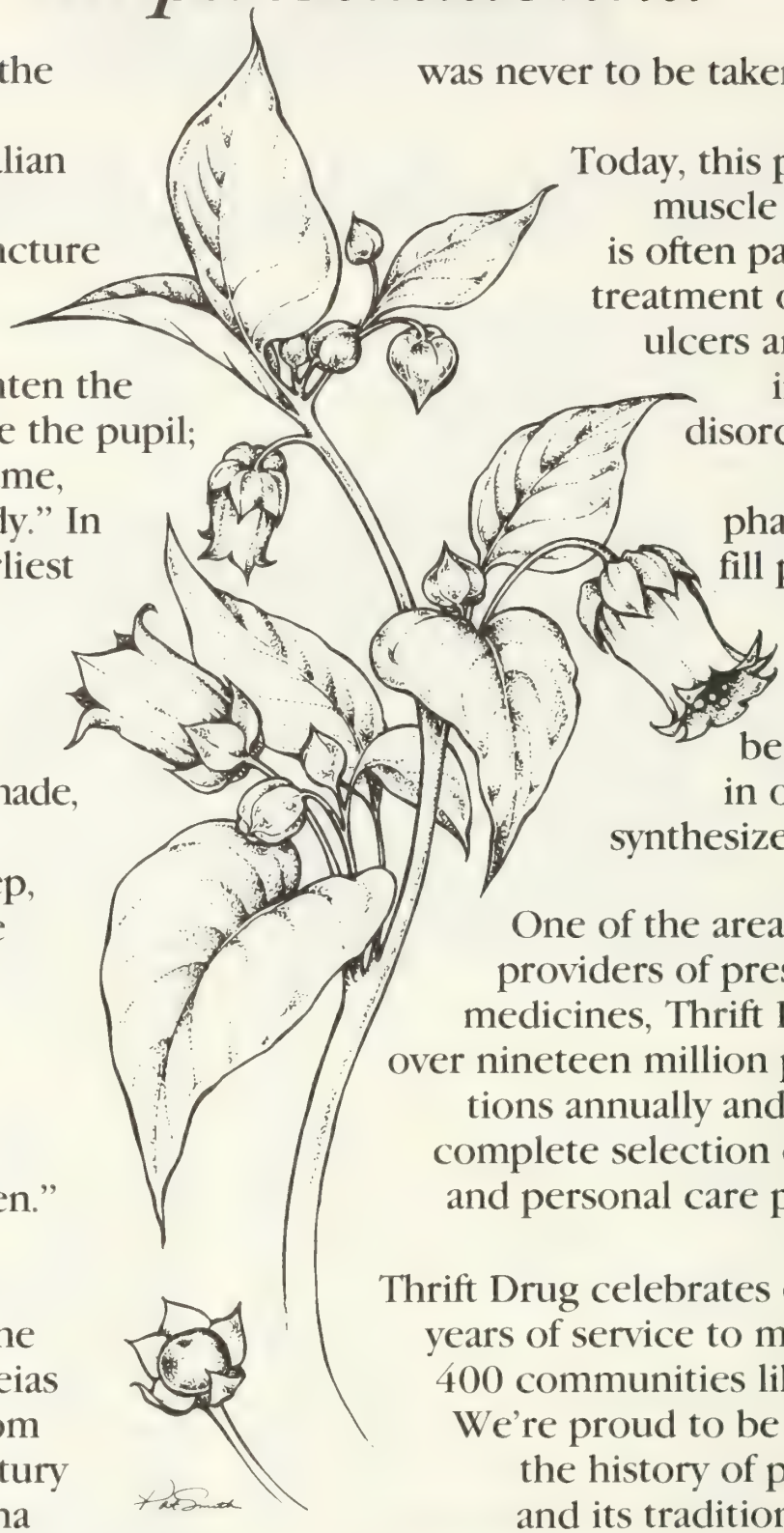
Medical Specialty Information

The roster is coded with specialty information in the county society section. The abbreviation which appears to the right of the physician's name is the specialty code. *This specialty information was supplied from AMA records or by the physician personally and does not necessarily imply Board certification in the specialty.* These codes and the specialties which they represent, along with the approximate number in each specialty, are as follows:

ADL	Adolescent Medicine	3
AI	Allergy and Immunology	32
AM	Aerospace Medicine	5
A	Allergy	63
AN	Anesthesiology	672
BE	Broncho-Esophagology	2
BLB	Bloodbanking	0
CD	Cardiovascular Diseases	520
D	Dermatology	232
DMP	Dermatophathology	2
DIA	Diabetes	22
EM	Emergency Medicine	332
END	Endocrinology	64
FP	Family Practice	1,463
GE	Gastroenterology	213
GP	General Practice	1,246
GPM	General Preventive Medicine	13
GER	Geriatrics	32
GYN	Gynecology	66
HEM	Hematology	71
HYP	Hypnosis	1
IG	Immunology	4
ID	Infectious Diseases	40
IM	Internal Medicine	2,044
LAR	Laryngology	1
LM	Legal Medicine	5
MFS	Maxillofacial Surgery	0
ND	Neoplastic Diseases	13
NEP	Nephrology	86
N	Neurology	186
NPM	Neonatal-Perinatal Medicine	11
CHN	Neurology, Child	6
NA	Neuropathology	2
NM	Nuclear Medicine	53
NR	Nuclear Radiology	0
NTR	Nutrition	4
OBS	Obstetrics	6
OBG	Obstetrics/Gynecology	994
OM	Occupational Medicine	111
ON	Oncology	113
OPH	Ophthalmology	616
OT	Otology	4
OTO	Otolaryngology	293
PTH	Pathology	328
CLP	Pathology, Clinical	37
FOP	Pathology, Forensic	4
PD	Pediatrics	676
PDA	Pediatrics, Allergy	18
PDC	Pediatrics, Cardiology	10
PDE	Pediatric Endocrinology	1
PHO	Pediatric Hematology-Oncology	2
PNP	Pediatric Nephrology	1
PA	Pharmacology, Clinical	25
PM	Physical Medicine/Rehabilitation	192
P	Psychiatry	610
CHP	Psychiatry, Child	64
PYA	Psychoanalysis	28
PYM	Psychosomatic Medicine	3
PH	Public Health	24
PUD	Pulmonary Diseases	161
R	Radiology	454
DR	Radiology, Diagnostic	364
PDR	Radiology, Pediatric	11
TR	Radiology, Therapeutic	74
RHU	Rheumatology	90
RHI	Rhinology	0
RIP	Radioisotopic Pathology	0
ABS	Surgery, Abdominal	11
CDS	Surgery, Cardiovascular	88
CRS	Surgery, Colon and Rectal	53
GS	Surgery, General	1,086
HS	Surgery, Hand	13
HNS	Surgery, Head and Neck	4
NS	Surgery, Neurological	151
ORS	Surgery, Orthopaedic	590
PDS	Surgery, Pediatric	21
PS	Surgery, Plastic	137
TS	Surgery, Thoracic	136
TRS	Surgery, Traumatic	6
U	Surgery, Urological	366
OS	Other, i.e., physician designated no specialty or a specialty other than those listed here, including 438 students.	1,093
TOTAL MEMBERSHIP		16,578

Dwale

Atropa Belladonna



Throughout the Renaissance, high-born Italian women used drops of a tincture made from this wild herb to brighten the eye and dilate the pupil; hence the name, "beautiful lady." In one of its earliest mentions in English, the plant, also known as deadly nightshade, was said to "causeth sleep, troubleth the mind, [and] bringeth madness if a few of the berries be inwardly taken." Although it remained a standard in the pharmacopoeias of Europe from the 16th century on, belladonna was never to be taken lightly.

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Wyomissing PA 19610
BOWER, MD, John Roebrich P
1669 Garfield Avenue
Wyomissing PA 19610
BRACKBILL, MD, Elizabeth J GP
810 Farr Place
Reading PA 19611
BRACKBILL, MD, Robert M IM
640 Walnut Street
Reading PA 19601
BRUBAKER, MD, Elwood R OBG
301 S 7th Ave
West Reading PA 19611
BRZOZOWSKI, MD, Lawrence A N
200 N 13th St
Reading PA 19604
BUB, MD, Barry FP
1800 Hampden Blvd
Reading PA 19604
BUCH, MD, Sandhya Y FP
Community Gen Hosp
Reading PA 19603
BULATAO, MD, Agapito V GS
P O Box 1027
Lewistown PA 17044
BURNS, MD, Donald T OPH
1500 Penn Ave
Wyomissing PA 19610
BUSH, MD, William M GYN
1830 Oak Ln
Reading PA 19604
BUTTERWORTH, MD, Thomas D
411 Walnut St
Reading PA 19601
BUZAS, MD, Jerome W D
2650 Westview Drive
Wyomissing Hills PA 19610
CALATA, MD, Eliseo R PM
Reading Rehabilitation Hos.
Reading PA 19607
CALLAHAN, MD, Charles M PD
Box 7
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1150 Berkshire Blvd
Wyomissing PA 19610
CAPPA, MD, Robert J FP
R D 2 Box 323-A
Oley PA 19547
CARABELLO, MD, Charles A PD
316 S Fifth St
Reading PA 19602
CARIM, MD, Moiz M OPH
56 Nassau Circle
Reading PA 19607
CARLSON, MD, Stephen E GE
606 Court St
Reading PA 19601
CATLIN, MD, Robin J O FP
The Reading Hospital
Reading PA 19603
CEFARATTI, MD, Michael D OPH
606 Count St Ste 200
Reading PA 19601
CHELIUS, MD, Alan B FP
536 Franklin Street
Reading PA 19602
CHENSEE, MD, Jasper G PTH
2147 Perkiomen Ave
Mount Penn PA 19606
CHETT, MD, Nicholas J GP
203 Noble St
Shoemakersville PA 19555
CHIRIELEISON, MD, Rocco F IM
301 S Seventh Ave
West Reading PA 19611
CHOWDHURY, MD, A Rab GE
8 North 11th Street
Reading PA 19601
CHRIST, MD, Nicholas J GP
141 N Walnut St
Birdsboro PA 19508
CINELLI, MD, Cleto G OS
200 N 13th St Ste 105
Reading PA 19604
CITRO, MD, Laurence A DR
520 Lauers Lane
Reading PA 19610
CLOSE, MD, Richard NS
301 South Seventh Avenue
West Reading PA 19611
CLYMER, MD, Robert H U
301 S Seventh Ave
West Reading PA 19611
COHEN, MD, Bruce A FP
337 W Main St
Birdsboro PA 19508
COHN, MD, C Harold TS
301 South Seventh Avenue
West Reading PA 19611
COLMENARES, MD, Ruperto F CLP
37 Heritage Drive
Reading PA 19607
COMESS, MD, Raymond R GS
1801 Eckert Avenue
Reading PA 19604
CONNERTON, MD, George E PTH
R D 3 Box 154-A
Mohnton PA 19540
COPE, MD, David A OTO
301 S Seventh Ave
West Reading PA 19611
CRAIG, MD, Paul C OPH
Pennswood Village D-113
Newtown PA 18940
CRAMP, MD, Lloyd L GS
15 East Congressional Circle
Reading PA 19607
CRUSE, MD, Joseph R OBG
Caron Foundation Box 277
Wernersville PA 19565
CRUTCHER, MD, James E FP
200 North 13th Street
Reading PA 19604
CRYSTAL, MD, Harry GP
715 Old Mill Road E-1
Reading PA 19610
DAIELLO, MD, David C IM
11-A Flying Hills Village
Reading PA 19607
DALY, MD, David G IM
110 North Quarry Street
Ithaca NY 14850
DASHE, MD, Myer M GP
606 N 10th St
Reading PA 19604
DAVIS, MD, William B FP
200 N 13th Street
Reading PA 19603
DEBENEDICTIS, MD, Kenneth J A
600 Museum Rd
Reading PA 19611
DEGUZMAN, MD, Rudolfo L EM
St Joseph Hosp
Reading PA 19603
DEIBERT, MD, David C IM
301 S Seventh Avenue Ste 345
West Reading PA 19611
DELVECCHIO, MD, Leonard M FP
East First And Spruce Streets
Birdsboro PA 19508
DENBY, MD, Robert A GP
25 Stevens Ave
West Lawn PA 19609

DENGLER, MD, Ernest H OPH
713 N Fifth St
Reading PA 19601
DERR, MD, Craig A IM
24 Sandy Way
Reading PA 19607
DERSH, MD, Jerome OPH
606 Court St Ste 200
Reading PA 19601
DESANCTIS JR, MD, Joseph J IM
606 Museum Rd
Reading PA 19611
DESJARDINS, MD, George P PTH
504 Carsonia Avenue
Reading PA 19606
DETHOFF, MD, John C ORS
1512 N 15th Street
Reading PA 19604
DIETRICH, DO, Leonard M GP
610 East Main Street Box 243
Kutztown PA 19530
DIETRICH, DO, Marcia C GP
18 Church Lane
Douglassville PA 19518
DIRENZO, MD, Dennis P PD
105 Wyoming Road
Wyomissing PA 19610
DONLY, MD, Donovan L GP
232 N Fifth St
Reading PA 19601
DONNELLY JR, MD, Joseph C CDS
200 N 13th Street Suite 207
Reading PA 19604
DONOVAN, MD, Robert S FP
R D 8050
Sinking Spring PA 19608
DREAZEN, MD, Jonathan R FP
270 Friedensburg Road
Reading PA 19606
DUDA, MD, Andrew M TS
11 Phoebe Drive
Wyomissing PA 19610
DUFFY, MD, Scott S IM
301 S Seventh Ave
West Reading PA 19611
EAGER, MD, J Michael OBG
1340 Penn Ave
Wyomissing PA 19610
EASTLAND, MD, Theodore W GP
407 W Vine St
Fleetwood PA 19522
EBERSOLE, MD, Thomas M OBG
601 Penn Street
Reading PA 19606
EDMUNDS, MD, Elizabeth H FP
2001 Steuben Road
Reading PA 19602
EMKEY, MD, Kenneth D GE
301 South Seventh Avenue
West Reading PA 19611
EMKEY, MD, Ronald D RHU
401 Buttonwood St
West Reading PA 19611
ERICKSEN, MD, Arthur N GP
1836 Salem Road
Reading PA 19610
ERMOLD, MD, Donald R GP
425 E Lancaster Ave
Shillington PA 19607
FALLON III, MD, Edward C DR
Reading Hosp
Reading PA 19603
FARBER, MD, David N OPH
606 Court St Ste 200
Reading PA 19601
FARBER, MD, Eric B OPH
R D 1 Eight Hessian Blvd
Reading PA 19607
FARBER, MD, Harold I IM
308 N Fifth St
Reading PA 19601
FAUST, MD, Donald S TR
The Reading Hosp & Med Ct
Reading PA 19603
FEASTER, MD, Marshall M CDS
1235 Penn Ave
Wyomissing PA 19610
FEHNEL, MD, Stephen H OBG
301 S Seventh Ave
West Reading PA 19611
FEICK, MD, Ralph H GP
807 N 10th St
Reading PA 19604
FELSHER, MD, Jonathan C IM
117 West Montgomery Avenue
Bala Cynwyd PA 19004
FERRY, MD, Gerald W OBG
200 North 13th Street
Reading PA 19604
FISCHER, MD, Edward C R
The Reading Hosp
Reading PA 19603
FLEISCHER, MD, Alan N U
200 N 13th Street
Reading PA 19603
FLORES, MD, Evelyn R N
200 N 13th St
Reading PA 19604
FOLDES-ROTH, MD, Elisabeth GYN
105 South Fifth Street
Reading PA 19602

RANCOIS, MD, Max B GP
2021 Franklin Place
Wyomissing PA 19610
RANGIPANE, MD, Leo G GS
301 South Seventh Avenue
West Reading PA 19611
RANK, MD, Jeffrey B OBG
301 S Seventh Ave
West Reading PA 19611
RANTZ, MD, Robert C OM
532 South Park Road
Wyomissing PA 19610
RIEDMAN, MD, Ellis F ORS
320 Abington Drive
Wyomissing PA 19610
USCO-RIPKA, MD, Giovanna D OS
1216 Meade Street
Reading PA 19611
ALLEN, MD, John H GP
2950 Van Reed Rd
Sinking Spring PA 19608
ARCIA, MD, Antonio S GP
Box 185
Hamburg PA 19526
ATTUSO, MD, Robert L FP
355 Lackawanna Street
Reading PA 19604
EHMAN, MD, Milton J GP
38 E Lancaster Ave
Shillington PA 19607
EHRIS, MD, Leroy A FP
808 N Third St
Reading PA 19601
EORGE, MD, David L IM
401 Buttonwood St
W Reading PA 19611
EORGE, MD, Paula PD
1258 Penn Ave
Wyomissing PA 19610
ERHART, MD, George R FP
3351 Perkiomen Ave
Reading PA 19606
IACCIA, MD, Amato GP
600 Schuylkill Ave
Reading PA 19601
IESECKE, MD, Susan B DR
125 South Fifth Street
Reading PA 19602
ILFILLAN, MD, A George PD
1981 Bern Rd
Wyomissing PA 19610
ILMORE, MD, Irvin W GP
5313 Allentown Pike
Temple PA 19560
LOSSER, MD, William E EM
1240 Dauphin Ave
Wyomissing PA 19610
OOD, MD, Robert L FP
Medical Office Building
Reading PA 19604
OODMAN, MD, Gerald A R
1305 Old Mill Road
Wyomissing PA 19610
ORDON, MD, Michael E R
91 Grandview Blvd
Wyomissing Hills PA 19609
RABIAS, MD, Stanley L ORS
606 Museum Rd
Reading PA 19611
RAHAM, MD, Barry E OBG
1340 Penn Ave
Wyomissing PA 19610
RANADOS, MD, Nicanor G IM
1555 Schuylkill Ave
Reading PA 19601
RANADOS, MD, Suzita N PD
130 Prospect Street
Reading PA 19606
RAUBARD, MD, Howard M FP
200 N 13th St
Reading PA 19603
REENBERG, MD, Robert N GS
200 N 13th Suite 204
Reading PA 19604
REENE, MD, Lucille T GP
412 N 12th St
Reading PA 19604
REGORY, MD, George W CDS
R D 1 Box 360-C
Reading PA 19607
RETH, MD, Warren E RHU
401 Buttonwood St
West Reading PA 19611
RIM, MD, Mark D GP
Main St
Oley PA 19547
ROSS, MD, Lawrence S PD
R D 3 Box 3481
Reading PA 19606
RUBB, MD, Willard Y FP
Route 100
Bally PA 19503
RUBER, MD, John W CD
301 S 7th Ave
West Reading PA 19611
HANGEN, MD, Norman M GP
4 Allison Rd Greenfields
Reading PA 19601
HANJURA, MD, Girdhari L ON
120 Prospect St
Reading PA 19606

HANNA, MD, Ezzat A FP
600 High Blvd
Reading PA 19607
HARRIS, MD, Lawrence K CD
Community Gen Hosp
Reading PA 19601
HASSAN, MD, Joseph R IM
4201 Kutztown Road
Temple PA 19560
HASSEL, MD, Jeffrey L IM
640 Walnut Street
Reading PA 19601
HASSEL, MD, Patricia A IM
2005 Cypress Lane
Wyomissing PA 19610
HAUSER, MD, Raymond J FP
Arrowhead
Bowers PA 19511
HEFFERNAN, MD, John M IM
2001 Bern Road
Wyomissing PA 19610
HEINBACH, MD, Wilfred F IM
P O Box 88
Oley PA 19547
HEISEY, MD, John C IM
39 Thomas Oaks Drive
Pottstown PA 19464
HELLER, MD, Fredericka S M OBG
939 Penn Avenue
Wyomissing PA 19610
HENNINGER, MD, William H AN
189 Oakmont Drive
Reading PA 19607
HERMANOVICH JR, MD, John CD
301 S Seventh Ave Ste 235
West Reading PA 19611
HEY JR, MD, E Berry CD
301 S Seventh Ave
West Reading PA 19611
HIEHLE, MD, John F R
301 South Seventh Avenue
West Reading PA 19611
HIGH, MD, Bertrand J IM
270 Elizabeth Avenue
Sinking Spring PA 19608
HIMMELSTEIN, MD, Fred R EM
825 Redwood Ave
Wyomissing PA 19610
HINRICHS, MD, Thomas F PM
Reading Hospital & Med Center
Reading PA 19603
HIPPERT, DO, Robert K GP
805 N Richmond
Fleetwood PA 19522
HIRSH, MD, Paul D CD
200 N 13th Street
Reading PA 19604
HOFFMAN, MD, David A GYN
1330 Penn Ave
Wyomissing PA 19610
HOFFMAN, MD, Neil A PTH
Reading Hosp Pth Dept
Reading PA 19603
HOLLIMAN, MD, Cecil J EM
18 Shady Hollow Lane
Shillington PA 19607
HOLM, MD, Eric K NS
Tri County Neurosurgery Assoc
Pottstown PA 19464
HORST, MD, Elmer L N
715 Lake Avenue
Wyomissing PA 19610
HOSHAUER, MD, Cathy J P
408 Greentree Village
Lebanon PA 17042
HOYT, MD, Ralph C GE
R D 1 Box 428b
Birdsboro PA 19508
HUNTER, MD, John S GP
117 Philadelphia Avenue
Shillington PA 19607
IMBER, MD, Irving IM
428 Walnut Street
Reading PA 19601
IMPINK, MD, Robert R GS
P O Box 176
Shillington PA 19607
INNIS, MD, Patricia A FP
900 North Fifth Street
Reading PA 19601
JACKSON, MD, T Scott OBG
R D 7
Reading PA 19606
JACOBSON, MD, Martin A IM
4201 Kutztown Road
Temple PA 19560
JAXHEIMER, MD, Eric C CDS
1610 Lorraine Rd
Reading PA 19604
JAY JR, MD, Wendell T IM
600 Museum Road
Reading PA 19610
JENCKES III, MD, George A IM
1325 Girard Avenue
Wyomissing PA 19610
JEWELL JR, MD, James H CDS
301 South Seventh Avenue
West Reading PA 19611
JIMERSON, MD, Cedric C GS
R D 5 Box 364
Sinking Spring PA 19608

JOHNSON, MD, Alfred T FP
2240 Penn Avenue
West Lawn PA 19609
JOHNSON, MD, Craig H NS
301 South Seventh Avenue
West Reading, PA 19611
JOHNSON, MD, Herbert C NS
601 Spruce St
West Reading PA 19611
JOHNSON, MD, William T AN
R D 1 Box 160
Reinholds PA 17569
JONES, MD, Marion K PM
R D 1 Box 250
Reading PA 19607
KAPLAN, MD, Lawrence M DR
Community Gen Hosp
Reading PA 19601
KAPLAN, MD, Robin L PUD
36 North 11th Street
Reading PA 19601
KARABELNIK, MD, Don GP
325 E Lancaster Ave
Shillington PA 19607
KASE, MD, James J IM
112 N 11th St
Reading PA 19601
KASTENBAUM, MD, Michael IM
101 West Lancaster Avenue
Reading PA 19607
KATZ, MD, Ross M AN
126 Merion Lane
Reading PA 19607
KEARNEY, MD, John M GS
120 Prospect St
Reading PA 19606
KEFFER, MD, William H OS
413 Oley St
Reading PA 19601
KEISER, MD, Edwin L GP
256 W Douglass St
Reading PA 19601
KELLER, MD, John E OPH
1955 Lincoln Avenue
Reading PA 19610
KELLER, MD, Lynwood V GP
106 S Fourth St
Reading PA 19602
KERSHNER, MD, Marilyn S R
The Reading Hosp & Med Ct
Reading PA 19603
KESSLER, MD, Paul R GP
711 Penn Ave
West Reading PA 19611
KILLIAN III, MD, Calab L FP
2508 Hampden Blvd
Reading PA 19604
KIM, MD, Chung Shik IM
140 W Windsor St
Reading PA 19601
KING, MD, Weir L IM
P O Box 48
Limekiln PA 19535
KLEIN, MD, Raymond A OBG
3611 Perk Ave
Reading PA 19606
KLEIN JR, MD, William J NEP
301 South Seventh Avenue
West Reading PA 19611
KLEINER, MD, Anton J OBG
1435 Garfield Ave
Wyomissing PA 19610
KLEPPINGER, MD, Richard K GYN
301 South Seventh Avenue
West Reading PA 19611
KLUFT, MD, Richard P P
301 S Seventh Ave
West Reading PA 19611
KNAPPMAN, MD, John W EM
819 Elm St
Riverview Park PA 19605
KNIAZER, MD, Barry OBG
613 Davis Road
Cheltenham PA 19012
KOCHU, MD, Steve END
Rt 422 & Old Airport Rd
Douglassville PA 19518
KOHL, MD, Stephen D OBG
601 Penn St #1000
Reading PA 19601
KOLTON, MD, Vladimir J GP
1448 Spruce Street
Reading PA 19602
KOREY, MD, Joseph J OBG
202 Opal Ave
Reading PA 19606
KOVALSKY, MD, Kenneth FP
9 Bristol Crt
Wyomissing Hills PA 19610
KRALJEVIC, MD, Juan E IM
403 North 13th Street
Reading PA 19604
KRAMER, MD, Randall K FP
226 East Wyomissing Avenue
Mohnton PA 19540
KRIEBEL, MD, Dorothy E GP
R D 1 Box 9
Wernersville PA 19565
KRING, MD, Carroll S GP
7 Allison Rd Greenfields
Reading PA 19601

KROL, MD, Ronald C PUD
36 North 11th Street
Reading PA 19601
KUSSMAUL, MD, William G CD
200 North 13th Street
Reading PA 19604
KUTSCHER, MD, Harlan A U
200 North 13th Street
Reading PA 19604
LAKSHMIN, MD, Murali AN
29 Pinehurst Court
Reading PA 19607
LAMANNA, MD, John V PS
301 South Seventh Avenue
West Reading PA 19611
LAMBERT, MD, Kenneth P GP
233 W Main St
Kutztown PA 19530
LANE, MD, Charles D PTH
Reading Hosp & Medical Ctr
Reading PA 19603
LATMAN, MD, Stephen F ORS
2130 Penn Ave
West Lawn PA 19609
LATTIN, MD, Gary M CD
R D 3 488-K
Reading PA 19606
LEE, MD, Jung S FP
24 N 11th Street
Reading PA 19601
LEE, MD, Jung-Pil U
318 N Fifth St R D 3 Box 2
Reading PA 19601
LEINBACH JR, MD, Harvey D PD
1230 Parkside Drive
Reading PA 19611
LEISAWITZ, MD, Elliott G IM
101 West Lancaster Avenue
Shillington PA 19607
LEISAWITZ, MD, Paul A GP
1817 Linden Street
Reading PA 19604
LENGEL, MD, Gary P GS
120 Prospect Street
Reading PA 19606
LEONI, MD, Joseph U
931 Penn Ave
Wyomissing PA 19610
LEVAN, MD, John B IM
1415 Old Wyomissing Rd
Wyomissing PA 19610
LEVINE, MD, Alan P FP
1400 Ridge Avenue A-208
Reading PA 19607
LEVY, MD, Paul F IM
Eight North 11Th Street
Reading PA 19601
LIGNELLI, MD, Gregory J NS
Tri County Neurosurgery Assoc
Pottstown PA 19464
LLOYD, MD, Edgar C AN
Reading Hospital-Anes Dept
West Reading PA 19603
LODER, DO, Donald I FP
143 East Wall Street
Leesport PA 19533
LOEPER, MD, Donald J FP
Route 100
Bally PA 19503
LOHMANN, MD, Albert E GS
1310 Farr Road
Reading PA 19611
LONGENECKER, MD, FP
Benjamin E
4301 Kutztown Road
Temple PA 19560
LONGENECKER, MD, Roger N FP
East Penn Med Ctr
Blandon PA 19510
LORD, MD, William H FP
918 Elizabeth Ave
Reading PA 19605
LOUGHEAD JR, MD, John R GYN
223 E Lancaster Ave
Shillington PA 19610
LOWRY, MD, R Tempest EM
R D 2 Box 554
Manheim PA 17545
LUSCH, MD, Charles J HEM
301 S Seventh Avenue
West Reading PA 19611
LYNCH, MD, James D CD
515 Weidmen Avenue
Sinking Spring PA 19608
LYONS, MD, Clifford H FP
260 State Street
Hamburg PA 19526
LYONS, MD, Daniel C FP
P O Box 488 260 State Street
Hamburg PA 19526
MAHMOOD, MD, Edna Z OPH
18 Tewkesburg Dr
Wyomissing PA 19610
MAIORANA, MD, S Leroy OBG
1153 Penn Ave
Wyomissing PA 19610
MALICK, MD, Gerald P OBG
301 S Seventh Ave
West Reading PA 19611
MANUBAY, MD, Marcelo A EM
1510 Eckert Ave
Reading PA 19602

MARCUS, MD, Jerome I CLP
Omega Health Care
Wyomissing PA 19610
MARIGLIO JR, MD, Joseph A IM
36 N 11th Street
Reading PA 19601
MARSHALL, MD, John E GP
R D 1 Box 70
Richland PA 17087
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627 Walnut Street
Reading PA 19601
MARYNIAK, MD, Girard M OBG
Ninth Bristol Court
Wyomissing PA 19610
MASSENGALE, MD, OBG
Alexander T
1286 Penn Avenue
Wyomissing PA 19610
MATTHEWS, MD, George R R
1310 Museum Road
Reading PA 19611
MAZUZ, MD, Meir CD
2112 Rosewood Court
Wyomissing PA 19610
MAZZA JR, MD, Patrick A FP
533 N 10th St
Reading PA 19604
MCCLOSKEY, MD, PTH
Sister Ann M
St Joseph Hosp Box 316
Reading PA 19603
MCCRAE, MD, Charles R ORS
R D 2 Box 96
Mohnton PA 19540
MCCRAE, MD, Marcia G PD
1235 Penn Avenue
Wyomissing PA 19610
MCKINNEY, MD, William L IM
317 North Sixth Street
Reading PA 19601
MCLEAN, MD, James J IM
607 Trent Ave
Wyomissing PA 19610
MCTAMMANY, MD, J Robert OBG
102 Tasker Avenue
Shillington PA 19607
MEDINA, MD, Lisa H FP
7335 Hillcrest Drive
Macungie PA 19062
MEHARG JR, MD, John G IM
1307 Scott Court
Reading PA 19609
MELLON, MD, Robert CHP
701 East Neversink Road
Reading PA 19606
MENDELSOHN, MD, Eugene OBG
911 N 26th Street
Reading PA 19606
MENGEL, MD, Roger G PUD
301 South Seventh Avenue
West Reading PA 19611
MENGES JR, MD, Job F ORS
1424 Penn Avenue
Reading PA 19610
MENICHINO, MD, Anthony J GS
234 North Fifth Street
Reading PA 19601
MERCURIO, MD, Teresa ON
301 S Seventh Avenue
West Reading PA 19611
MEYERS, MD, John L EM
320 East Fourth Street
Shillington PA 19607
MILES, MD, Michael A EM
R D 1 Box 154
Birdsboro PA 19508
MILLER, MD, Jay B U
301 South Seventh Avenue
West Reading PA 19611
MINEHART, MD, Charles R CD
200 N 13th St Ste 201
Reading PA 19604
MITNICK, MD, Paul D NEP
301 S Seventh Ave Nep
West Reading PA 19611
MOFFITT, MD, Vincent J PD
1258 Penn Ave
Wyomissing PA 19610
MOLL, MD, Thomas B OPH
301 S Seventh Ave Ste 105
West Reading PA 19611
MONDALA-OCBO, MD, Elisa V AN
Two Chip Lane
Shillington PA 19607
MORRIS, MD, Vernon R ORS
210 N Sixth St
Reading PA 19601
MORRISSEY JR, MD, E James ORS
1121 Penn Ave
Wyomissing PA 19610
MORROW, MD, Bert A GS
301 S Seventh Ave
West Reading PA 19611
MOSER, MD, John C FP
North & Walnut Streets
Morgantown PA 19543
MOSER, MD, Manny H PS
301 S Seventh Ave
West Reading PA 19611

MUHLENBERG, MD, John P PD
1981 Bern Road
Wyomissing PA 19610
MULLIGAN, MD, Robert L NM
600 Brobst St
Shillington PA 19607
MUVDI, MD, B Charles IM
120 Prospect Street
Reading PA 19606
NAGLE, MD, Arlington A GP
R D 1 Route 422
Womelsdorf PA 19567
NASE, MD, Paul K OPH
206 S Sixth Ave
West Reading PA 19611
NICHOLAS JR, MD, Peter D IM
307-1 Springside Dr East
Shillington PA 19607
NIEBAUM, MD, Albert H GP
9800 44Th Way N
Pinellas Park FL 33565
NIEHLS, MD, Beverly J FP
549 Linden Street
Reading PA 19604
OPLINGER, MD, Arthur F FP
2509 Perkiomen Ave
Reading PA 19606
ORQURKE, MD, David B FP
39 Medinah Drive
Reading PA 19607
ORQUIZA, MD, Clodualdo S U
931 Penn Ave
Wyomissing PA 19610
PACIULLI, MD, Raffaele ORS
200 N 13th St
Reading PA 19604
PADAYHAG, MD, Matias M OS
Western Electric Company
Reading PA 19604
PADIYAR, MD, Ramdas B AN
14 Thornburg Road
Reading PA 19606
PAN, MD, Edward L ORS
200 N 13th St
Reading PA 19604
PAOLINI, MD, Mauro J PD
1981 Bern Road
Wyomissing PA 19610
PARIKH, MD, Shirish N IM
2068 Elden Street
Reading PA 19604
PARKER JR, MD, James H OPH
41 Cardinal Road
Wyomissing PA 19610
PATADIA, MD, Chandrakant IM
2309 Alsace Road
Reading PA 19604
PATYK, MD, Richard A FP
209 S 17th Street
Reading PA 19602
PEARAH, MD, J David OPH
455 Penn Avenue
Sinking Spring PA 19608
PELLEGRINI, MD, Vincent A OBG
119 Gail Circle
Wyomissing PA 19610
PENTA, MD, John M OTO
200 N 13th St
Reading PA 19604
PERILSTEIN, MD, Michael D RHU
120 Plymouth Court
Wyomissing PA 19610
PERLMUTTER, MD, Gordon S R
301 S Seventh Avenue
West Reading PA 19611
PERRICCI, MD, Ellen S EM
325 Abington Drive
Wyomissing PA 19601
PEW, MD, Joseph N IM
3200 Reading Crest Ave
Reading PA 19605
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PLYMYER, MD, Ray E IM
600 Museum Road
Reading PA 19611
POMERANTZ, MD, Philip A NEP
403 North 13th Street
Reading PA 19604
POTKONSKI, MD, Leopold A P
245 Rosedale Drive
Pottstown PA 19464
PROBST, MD, Susan J OBG
120 Kent Way
West Reading PA 19611
PROSERPI, MD, Sergio V PS
301 S Seventh St
West Reading PA 19611
QUEREAU, MD, J Van Dyke OPH
1113 Reading Blvd
Reading PA 19610
RAMSEY JR, MD, Harry E HEM
301 S Seventh Avenue
West Reading 19611
REBER, MD, Howard F U
1310 East Wyomissing Blvd
Reading PA 19611
REED, MD, Clifford A N
301 S Seventh Avenue
West Reading PA 19611
REED, MD, Mark S CLP
333 Wheatland Avenue
Shillington PA 19607
REES, MD, David B ORS
401 Buttonwood St
West Reading PA 19611
REICHARD, MD, Richard C GP
112 South Home Avenue
Topton PA 19562
REIDENBERG, MD, Leon US
C-01 1801 Cambridge Ave
Wyomissing PA 19610
REIFSNYDER, MD, William H IM
2001 Bern Rd
Wyomissing PA 19610
REIGH, MD, Ernest E NS
601 Spruce Street
West Reading PA 19611
REINSEL, MD, Richard C GS
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Wyomissng PA 19610
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1164 N 13th St
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TOLENTINO, MD, Julian C OBG
316 N Main St 2nd Fl
Butler PA 16001
TREDENNICK, MD, Charles N OPH
110 E Diamond
Butler PA 16001
TURNBLACER, MD, Charles B OTO
340 N Main St
Butler PA 16001
WAHL, MD, Dayne F GP
835 Edmond St
Harmony PA 16037
WEISSMAN, MD, Jerry OPH
156 North Main Street
Butler PA 16001
WELLMAN, MD, Richard H OS
111 Farmington Drive
Butler PA 16001
WICK, MD, John L OPH
1000 N Mckean St
Butler PA 16001
WYMER, MD, Ralph M OBG
107 E Penn St
Butler PA 16001
ZABLOTSKY, MD, Peter M OBG
939 E Brady Street
Butler PA 16001

CAMBRIA

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330 Gardner St
Johnstown PA 15905
ACOSTA, MD, William R N
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Johnstown PA 15905
ADAMS, MD, Robert H OBG
Bigler Ave
Spangler PA 15775
AGUILERA, MD, Amelia G OBG
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Windber PA 15963
AGUILERA, MD, Bonifacio T GS
609 Somerset Ave
Windber PA 15963
ALLEN JR, MD, Herbert V GP
2472 Bedford St
Johnstown PA 15904
ANTEMANN, MD, Richard W TR
135 Osborne St
Johnstown PA 15905
ASHMAN, MD, George S OPH
503 Tioga St
Johnstown PA 15905
ASSAR, MD, Suda P PD
110 Main Street
Johnstown PA 15905
AWAN, MD, Rashid A IM
1086 Franklin Street
Johnstown PA 15905
AZER, MD, Magdi S CDS
88 Osborne St
Johnstown PA 15905
BANTLY, MD, Victor S GP
715 Oak St
Johnstown PA 15902
BARTO, MD, Jack W PD
110 Main St
Johnstown PA 15901
BEERMAN, MD, Curtis A PD
1141 Franklin Street
Johnstown PA 15905
BENCIE, MD, David J IM
609 Somerset Ave
Windber PA 15963
BENKO, MD, Stephen T PS
1650 Menoher Blvd West Mt
Johnstown PA 15905
BENNETT, MD, John L EM
320 Main St
Johnstown PA 15901
BENSHOFF, MD, Albert M PTH
1020 Franklin Street
Johnstown PA 15905
BENSHOFF, MD, Arthur M IM
1302 Somerset Ave
Windber PA 15963
BERGER, MD, Karl PD
1141 Franklin St
Johnstown PA 15905
BLOCK, MD, Robert C PTH
1020 Franklin St
Johnstown PA 15905
BONDY, MD, Thomas J AN
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BORECKY, MD, David C IM
353 Market Street
Johnstown PA 15901
BORKOW, MD, Joel E PS
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Johnstown PA 15905
BRADLEY, MD, Samuel M IM
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Johnstown PA 15905
BREMER, MD, Harry J FP
634 Wayne St
Johnstown PA 15905
BRISINI, MD, Patrick D U
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Johnstown PA 15901
BURGBACHER, MD, James S P
1063 Franklin St Ste 300
Johnstown PA 15905
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Johnstown PA 15901
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Johnstown PA 15905
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Johnstown PA 15905
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Johnstown PA 15905
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Johnstown PA 15905
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College Park Plaza
Johnstown PA 15904
CARTER, MD, Howard A AN
1086 Franklin Street
Johnstown PA 15905
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159 Arlington Street
Johnstown PA 15905
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Johnstown PA 15905
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Johnstown PA 15905
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Windber PA 15963
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Johnstown PA 15905
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Bigler Ave
Spangler PA 15775
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142 Algonquin St
Johnstown PA 15904
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Johnstown PA 15905
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Johnstown PA 15901
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Johnstown PA 15901
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FLORA, MD, William K OTO
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Johnstown PA 15905
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Windber PA 15963
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1020 Franklin St
Johnstown PA 15905
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Johnstown PA 15905
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Johnstown PA 15901
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Windber PA 15963
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Johnstown PA 15905
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Johnstown PA 15901
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Johnstown PA 15905
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Johnstown PA 15905
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Johnstown PA 15905
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Johnstown PA 15905
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Johnstown PA 15901
PANEK, MD, Bernard S FP
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Johnstown PA 15901
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Johnstown PA 15905
PARK, MD, Neil I H OBG
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Windber PA 15963
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Johnstown PA 15905
PATTERSON, MD, Joseph R R
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Johnstown PA 15905
PAVICH, MD, Rudolph W OM
1128 Dithridge Dr
Johnstown PA 15905
PICKERILL, MD, Robert G PUD
524 Grove Ave
Johnstown PA 15902
PIDUTTI, MD, Richard W FP
321 Main St Ste 5-J
Johnstown PA 15901
PINKERTON, DO, Richard A ON
1020 Franklin Ste #100
Johnstown PA 15905
PLUMMER, MD, Robert A FP
R D 2 Box 86
Windber PA 15963
POST, MD, Jarvis H OPH
47 Osborne Street
Johnstown PA 15905
POTE JR, MD, Harry H IM
353 Market Street
Johnstown PA 15901
PRICE, MD, Richard E OM
500 Schoolhouse Rd
Johnstown PA 15915
PRUCHNIC, MD, William F IM
1111 Franklin Street
Johnstown PA 15905
QUINN, MD, John R AN
320 Main St
Johnstown PA 15901
RAYMOND, MD, Joseph W OPH
U S National Bank Bldg
Johnstown PA 15901
RAYMOND, MD, Paul A FP
235 Collegiate Dr
Johnstown PA 15904
REYES, MD, Alfredo M EM
1101 Philadelphia Ave
Barnesboro PA 15714
RHOADS, MD, Harry M GP
436 Park Ave
Johnstown PA 15902
RICHEY, MD, James E GE
1111 Franklin St
Johnstown PA 15905
RIDELLA, MD, Peter J ORS
2222 Woodcrest Dr
Johnstown PA 15905
RITTER, MD, Mario IM
307 Vine St
Johnstown PA 15901
ROCK, MD, James A PTH
320 Main St
Johnstown PA 15901
ROGERS, MD, George E FP
1766 Lyter Dr
Johnstown PA 15905
ROGERSON, MD, David R OTO
785 Viewmont Ave
Johnstown PA 15905
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Windber PA 15963
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1141 Franklin St
Johnstown PA 15905
SAHLANEY, MD, William J FP
Seward PA 15954
SAIONTZ, MD, Howard I ON
Lee Hosp 320 Main St
Johnstown PA 15901
SAMII, MD, Ali M TS
88 Osborne St
Johnstown PA 15905
SCHAEFER, MD, Thomas J GS
1020 Franklin St #300
Johnstown PA 15905
SCHENFELD, MD, Louis A IM
1111 Franklin St
Johnstown PA 15905
SCHILLER, MD, Harvey J GP
609 Somerset Ave
Windber PA 15963
SCHILLI, MD, Rudolph GE
1111 Franklin St
Johnstown PA 15905
SCHROCK, MD, Laura J US
R D 4 Box 253-A
Johnstown PA 15905
SEEBER, MD, John J PM
913 St Clair Rd
Johnstown PA 15901
SEIFERT, MD, Thomas E OBG
353 Market Street
Johnstown PA 15901
SEWAK, MD, Michael E GP
268 Main St
Conemaugh PA 15909
SHARBAUGH, MD, Donald G GP
Carrolltown PA 15722
SHERIDAN, DO, Joseph F PD
110 Main St
Johnstown PA 15901
SHOPE, MD, Earl S GP
R D 1
Alum Bank PA 15521
SIVULICH, MD, Michael J OPH
120 Main St
Johnstown PA 15901
SMITH, MD, William P GP
116 E High St
Ebensburg PA 15931
SMOYER, MD, Ronald L FP
233 Mifflin Street
Johnstown PA 15905
SOBIESKI, MD, Joseph IM
200 Tall Timber Dr
Johnstown PA 15904
SOISSON JR, MD, Ferdinand L OBG
353 Market Street
Johnstown PA 15901
SRIVASTAVA, MD, Sheonath P IM
223 Collegiate Dr
Johnstown PA 15904
STADTMILLER, MD, Richard J FP
Deyarmin Bldg
St Michael PA 15951
STEIN, MD, Alan H EM
227 Luzerne St
Johnstown PA 15905
STOTLER, MD, Charles W FP
317 Bloomfield Street
Johnstown PA 15904
STROTHER, MD, George W PUD
320 Main St
Johnstown PA 15901
STRUNK, MD, Thomas J U
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Johnstown PA 15905
SWANSIGER, MD, Robert J FP
609 Somerset Ave
Windber PA 15963
TALLAM, MD, Janardan R EM
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Johnstown PA 15905
TAN JR, MD, Ramon N AN
1726 Electra Dr
Johnstown PA 15904
TEMPLIN JR, MD, William B GS
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Johnstown PA 15901
TIMEK, MD, Patricia A R
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Jennerstown PA 15547
TIMENS, MD, Lawrence J CHP
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Johnstown PA 15905
VOYTKO, MD, Richard E EM
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Johnstown PA 15905
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290 Irving Street
Johnstown PA 15905
WALL, MD, Rod A IM
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Johnstown PA 15905
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Johnstown PA 15905
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State College PA 16801
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State College PA 16803
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State College PA 16801
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State College PA 16801
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State College PA 16801
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State College PA 16801
HYLBERT JR, MD, Kenneth Wm P
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227 S Burrows St
State College PA 16801
KEIL, MD, Stephen M CD
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State College PA 16801
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Erie PA 16507
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Erie PA 16544
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Erie PA 16509
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Erie PA 16509
JANA, MD, Dilip K IM
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Erie PA 16509
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423 West Grandview
Erie PA 16509
JENKINS, MD, Jay L HEM
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Erie PA 16507
JOY, MD, Charles A IM
Four West 34Th Street
Erie PA 16508
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318 East Main Street
Girard PA 16417
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Erie PA 16502
KISH, MD, George F CDS
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Erie PA 16507
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Erie PA 16505
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Erie PA 16508
LAMBERTON, MD, William D FP
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Erie PA 16504
LAMBERTON, MD, William F IM
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Erie PA 16504
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Erie PA 16544
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Erie PA 16502
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Erie PA 16507
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Erie PA 16502
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Erie PA 16502
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Erie PA 16507
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Erie PA 16508
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Erie PA 16508
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Erie PA 16502
SNOW, MD, Ross A FP
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Erie PA 16507
TSAI, MD, Ming Che CD
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Corry PA 16407
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104 East Second Street
Erie PA 16507
VANDAMIA, MD, Donald N GP
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Erie PA 16509
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Union City PA 16438
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Erie PA 16502
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Mckean PA 16426
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Erie PA 16502
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302 West Ninth Street
Erie PA 16502
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Erie PA 16501
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BLOMAIN, MD, E William OS
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BLOMAIN, MD, Eric W PS
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BOLAND, MD, Stanley W OPH
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BROWN, MD, Sylvan RHU
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BRUNDAGE, MD, Robert P GP
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MARIANI, MD, Stephen S NM
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Scranton PA 18510
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Scranton PA 18501
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Carbondale PA 18407
SHYNN, MD, Tae I P
111 Sturbridge Rd
Clarks Summit PA 18411
SIBLEY, MD, Robert E DR
120 Overlook Road
Clarks Summit PA 18411
SIMPSON, MD, Roy W GP
304 Chestnut St
Peckville PA 18452
SINGH, MD, Arvind K AN
1018 Sleepy Hollow Road
Clarks Summit PA 18411
SINNENBERG JR, MD, PTH
Robert J
441 Wyoming Avenue
Scranton PA 18503
SIROTNAK, MD, John J OTO
310 Dunmore St
Throop PA 18512
SKETTINO, MD, Joseph A OPH
401 Adams Ave
Scranton PA 18510
SKOVIRA, MD, Edward M PTH
217 Hand St
Jessup PA 18434
SLOVAK, MD, James P P
Bank Towers
Scranton PA 18503
SMOLKO, MD, Milan J U
802 Jefferson Ave
Scranton PA 18510
SNYDER, MD, Randall W GE
201 Smallacombe Dr
Scranton PA 18508
SOMA, MD, Joseph J AI
201 Smallacombe Dr
Scranton PA 18508
STEC, MD, Eugene G FP
203 Oakford Rd
Clarks Summit PA 18411
STEINBACH III, MD, William A ORS
233 Penn Ave
Scranton PA 18503
STEINDEL, MD, Carl R ORS
233 Penn Ave
Scranton PA 18503
SU, MD, Lang-Pao AN
144 Main St
Peckville PA 18452
SUH, MD, Sang J GS
166 N Main St
Old Forge PA 18518
SULLUM, MD, Jonathan C DR
201 Medical Arts Bldg
Scranton PA 18503
SUNDHEIM, MD, James L DR
Moses Taylor Hosp Dept Of Rad
Scranton PA 18510
SWIFT, MD, Frank L PD
1510 N Washington Ave
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700 Winola Road
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TAN, MD, Edwin L P
115 Shady Land Drive
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THOMPSON, MD, Carson J NS
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TODARO, MD, Samuel R ORS
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TOMAZIC, DO, David R FP
632 Main St
Forest City PA 18421
TOUCH, MD, Ralph J GP
48 Garfield Ave
Carbondale PA 18407
TRACY, MD, Gerald P CD
746 Jefferson Avenue
Scranton PA 18510
TUAN, MD, Bao-Kuen FP
414 Madison Avenue
Scranton PA 18510
TURCHETTI, MD, Eugene A IM
3738 Birney Avenue
Moosic PA 18507
TUROCK, MD, Michael J FP
397 North Ninth Street
Scranton PA 18504
UDOMSAK, MD, Paramin GS
1027 Pittston Ave
Scranton PA 18518
UROSKIE, MD, Theodore W OBG
200 Yale Blvd
Clarks Summit PA 18411
VALVERDE, MD, Mario F OPH
812 Scranton Life Bldg
Scranton PA 18503
VENTRE, MD, Susan PD
146 N Main St
Old Forge PA 18518
VENTURA, MD, Cecilia R PD
119 Main St
Blakely PA 18447
VENTURA, MD, Samuel R OBG
119 Main St
Blakely PA 18447

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WAGNER, MD, John M IM
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Clarks Summit PA 18411
WAIBEL, MD, David A IM
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Scranton PA 18510
WALLER, MD, Louis C IM
140 Cherry St
Dunmore PA 18512
WALNISTA, MD, Frank J GP
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Scranton PA 18508
WANDALOWSKI, MD, John G IM
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Scranton PA 18510
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Scranton PA 18509
YOO, MD, Eun S P
R D 1 Golf Hill Rd
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Dunmore PA 18512
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ALTIMARE, MD, Peter J FP
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Lancaster PA 17603
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22 W State St
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BAIRD, MD, Edward F AN
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BAIRD, MD, Robert J FP
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BAKKEN, MD, William W FP
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BALIKIAN, MD, Manuel IM
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BARR, MD, V Ward NS
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Lancaster PA 17602
BEACHER JR, MD, George W GP
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BEHRENS, MD, William E FP
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BENDER, MD, Robert R GP
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BUCH, MD, Robert R GP
125 W Main St
Mountville PA 17554
BURLINGAME, MD, Mark W CDS
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BURNETT, MD, George W PD
225 N President Ave
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BUSKO, MD, Carlton W GP
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CAPPIELLO, MD, Justin L OPH
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CARROLL, MD, Laurence E NEP
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COOPER, MD, Emmett M NM
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COOPER III, MD, Herbert K P
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Adamstown PA 19501
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DIEHL, MD, Daniel L FP
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Lancaster PA 17602
DOE, MD, Robert G FP
213 Tomahawk Dr E
Conestoga PA 17516
DOENECKE, MD, Arthur L GP
443 N Duke Street
Lancaster PA 17602
DORAZIO, MD, Dominick J AN
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Lancaster PA 17602
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ELLISON, MD, Ervin OM
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ENGLE, MD, Eugene K FP
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FEEHAN, MD, Patrick R D
1903 Lititz Pk
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FERGUSON, MD, Robert H N
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Lancaster PA 17603
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FREDERICK, MD, David W FP
101 Abbeyville Rd
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FREY, DO, Richard P FP
324 Beaver Pike
Willow Street PA 17584
FUCHS, MD, David E FP
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Lancaster PA 17603
FULTON, MD, Harry C OPH
1420 Hunsicker Rd
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GAREIS, MD, John W R
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GAYESKI, MD, Richard J FP
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23 Ridge Dr
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GENTZLER II, MD, Richard D CD
420 W Chestnut St
Lancaster PA 17603
GEORGE, MD, Ellen M IM
Lancaster Gen Hosp-Dept Fp
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GLAH JR, MD, Henry J OS
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GODDARD JR, MD, James E AN
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GOLDMAN, MD, Duane C R
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403 Wetherburn Drive
Lancaster PA 17601
GOOD, MD, Daniel C NS
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GOOD, MD, Milton S FP
610 Highlawn Ave
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GOTTLIEB, MD, Jerome I P
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GOTTLIEB, MD, Robert J ON
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GRANT, MD, Alistair M OBG
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Lancaster PA 17602
GRASSE JR, MD, John M GP
115 N Nineth St
Akron PA 17501
GRAY, MD, Louis P FP
647 E Roseville Rd
Lancaster PA 17601
GREENE, MD, Neil A ID
24 E James St
Lancaster PA 17602
GRISWOLD, MD, Arthur S GP
402 S Broad St
Lititz PA 17543
GROSH, MD, John L IM
1875 Lititz Pk
Lancaster PA 17601
GROSH, MD, Joseph W GP
2 S Broad St
Lititz PA 17543
GROSH, MD, Paul R IM
1521 Ridge Rd
Lancaster PA 17603
GROSH, MD, William B FP
Two S Broad St
Lititz PA 17543
GROSH, MD, William K FP
1036 Broad St
Akron PA 17501
GSCHWEND III, MD, Paul GS
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HACKMAN, MD, Vicki L FP
316 Harvestview N
Mount Joy PA 17552
HALPERN, MD, Barton L OPH
175 Delp Rd
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HAMMOND, MD, Charles P GP
449 W James St
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HARGRAVE, MD, Hugh J AN
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Ronks PA 17572
KRAYBILL, MD, Leon S FP
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KREIDER, MD, Kathleen A FP
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Elizabethtown PA 17022
MANN, MD, Richard H CD
420 W Chestnut St
Lancaster PA 17603
MARTIN, MD, Arthur E IM
126-28 West Broad Street
New Holland PA 17557
MARTIN, MD, James S FP
28 E Liberty St
Lancaster PA 17602
MARTINI, MD, Enrico T OBG
1059 Columbia Ave
Lancaster PA 17603
MAST, MD, Truman E P
630 N Duke St
Lancaster PA 17602
MASTROPIETRO, MD, FP
N Anthony
440 West Chestnut Street
Lancaster PA 17603
MATHEWS, MD, Robert S ORS
554 North Duke Street
Lancaster PA 17602
MATLIN, MD, Robert A PUD
1171 Country Club Dr
Lancaster PA 17601
MATTLEMAN, DO, Joel H EM
1712 Jennings Way
Paoli PA 19301
MAY, MD, John C OBG
549 N Lime St
Lancaster PA 17602
MAYBERRY, DO, Joseph J EM
P O Box 3509
Lancaster PA 17604
MCCANN, MD, William D CD
420 West Chestnut Street
Lancaster PA 17603
MCKEE, MD, Michael B IM
333 North Arch Street
Lancaster PA 17603
MCLAUGHLIN, MD, Frank W GP
1010 Davis Dr
Lancaster PA 17603
MCNEAL, MD, Samuel W US
Eighth & Chestnut Streets
Columbia PA 17512
MEARS, MD, Virginia G P
822 Marietta Ave
Lancaster PA 17603
MELLINGER, MD, Richard W IM
225 N Maple St
Ephrata PA 17522
MERSHON, MD, Charles R GS
203 East Clay Street
Lancaster PA 17602
MESSNER, MD, Kenneth H OPH
112 E James St
Lancaster PA 17602
MILLER, MD, C Eugene GP
743 Pershing Ave
Ephrata PA 17522
MILLER, MD, Gerald E FP
964 Boyce Ave
Lancaster PA 17601

MILLER, MD, Parry J R
113 Old Field Drive
Lititz PA 17543
MILLER JR, MD, John W OTO
1655 Crooked Oak Dr
Lancaster PA 17601
MINSEK, MD, Robert C P
2641 Sutton Pl
Lancaster PA 17601
MIRANDA, MD, Jose R GP
443 West Chestnut Street
Lancaster PA 17603
MOBERG, MD, F Barrie EM
220 E Walnut St
Lancaster PA 17602
MOHLER, MD, J Harold IM
2465 Bluegrass Ln
Ronks PA 17572
MONCRIEF, MD, Richard D GP
1560 Lititz Pk
Lancaster PA 17601
MONTGOMERY, MD, Maxine D N
324 N Lime St
Lancaster PA 17602
MOORE, MD, Terence N TR
Lancaster General Hospital
Lancaster PA 17603
MURPHY, MD, Gregory L FP
508 Rutledge Avenue
Lancaster PA 17601
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P O Box 360
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NEIDHARDT, MD, Paul W GP
316 North Fifth Street
Denver PA 17517
NEUREUTER, MD, Louis J PUD
25 E James St
Lancaster PA 17602
NEWCOMER, MD, David L GS
2620 Miller Rd
East Petersburg PA 17520
NIEGISCH, MD, Robert W IM
Lancaster General Hosp
Lancaster PA 17603
NIEMEYER, MD, Richard H FP
154 East Main Street
Leola PA 17540
NOLLER, MD, William E FP
44 Lancaster Ave
Ephrata PA 17522
NUTTER, MD, David E P
B N Quen St Ste 10 West
Lancaster PA 17603
OCONNOR, MD, Thomas W FP
6 E Main St
Mount Joy PA 17552
OCONOR JR, MD, G Thomas HEM
1875 Lititz Pike
Lancaster PA 17601
OLIN, MD, Stephen T FP
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Lancaster PA 17603
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6735 Farmleigh Drive
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703 Lampeter Rd
Lancaster PA 17602
PALLEN, MD, Daniel OPH
1865 Sturbridge Dr
Lancaster PA 17601
PALUMBO, MD, John A FP
1810 Oregon Pk
Lancaster PA 17601
PARLIMENT, MD, Joel W IM
808 Pleasantwiew Dr
Ephrata PA 17522
PATEL, MD, Harshadkumar B PUD
555 N Duke St
Lancaster PA 17604
PAUL JR, MD, John D GYN
716 N Lime St
Lancaster PA 17602
PENCHANSKY, MD, Barry H FP
2444 Butter Road
Lancaster PA 17601
PETERS, MD, Harold E OM
500 Diller Ave
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PETERSON, MD, Roger D R
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Lancaster PA 17604
PETERSON JR, MD, Charles B IM
4719 South East
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PHILLIPS, MD, Spencer D FP
305 Cornell Ave
Lancaster PA 17603
PLAYFOOT, MD, Donald E FP
Leola Family Health Ctr
Leola PA 17540
PLOURDE, MD, Paul V END
1887 Lititz Pike
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549 N Lime St
Lancaster PA 17602

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P O Box 1604
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601 N Duke St
Lancaster PA 17601
PONTZ, MD, Jack B GP
647 E Roseville Rd
Lancaster PA 17601
PORTER JR, MD, William F PUD
P O Box 3555
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POSEY, MD, Dale M OPH
2511 Mondamin Farm Road
Lancaster PA 17601
PRANCKUN, MD, Peter J P
645 Millcross Road
Lancaster PA 17601
PRANCKUN, MD, Peter P GS
628 N Duke St
Lancaster PA 17602
PRATT, MD, Robert S FP
Nolt Ave Family Hlth
Willow Street PA 17584
PRICE, MD, Albert C PD
1725 Oregon Pike
Lancaster PA 17601
PRICE, MD, Robert K FP
2045 State Street
East Petersburg PA 17520
PROWELL, MD, Joseph W GP
133 Funk Street
Strasburg PA 17579
RAAB, MD, David B GP
311 E Orange St
Lancaster PA 17602
RAICH, MD, William A OPH
520 North Duke Street
Lancaster PA 17602
RAMBACH, MD, Leonard GP
634 Manor St
Lancaster PA 17603
REESE, MD, Richard W RHU
420 N Duke St
Lancaster PA 17602
RICE, MD, Samuel A IM
1950 Marietta Avenue
Lancaster PA 17603
RIDGWAY, MD, William G GP
115 N Nineth St
Akron PA 17501
RIFFERT, MD, Paul M GS
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Ephrata PA 17522
RIGANO JR, MD, Rudolph F IM
60 Northwest End Avenue
Lancaster PA 17603
RIPPLE, MD, Paul H OPH
558 North Duke Street
Lancaster PA 17602
ROBBINS, MD, Howard S AN
779 Stony Battery Rd
Lancaster PA 17601
ROBBINS, MD, Warren J ORS
822 Mariett Ave
Lancaster PA 17603
ROBERTS, MD, Haskell E GP
353 Main St
Denver PA 17517
ROBERTS, MD, William D FP
101 Abbeyville Road
Lancaster PA 17603
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ROGEVICH, DO, Joseph E AN
1328 Valley Road
Lancaster PA 17603
ROSCHEL, MD, Robert L D
203 N Lime St
Lancaster PA 17602
ROST, MD, Charles R END
202 Butler Ave
Lancaster PA 17601
ROTHACKER JR, MD, ORS
Gerald W
127 East Frederick Street
Lancaster PA 17602
ROTOR, MD, Marilyn L PM
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Lancaster PA 17604
ROWAN, MD, Paul J GS
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Ephrata PA 17522
SCHAEFFER, MD, William A IM
443 State St
Lancaster PA 17603
SCHAFFNER, MD, Meade D GP
White Hall Nursing Home
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SCHANTZ, DO, Beverly B AN
123 South Duke Street
Lancaster PA 17602
SCHANTZ, MD, John C PS
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Lancaster PA 17602
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Manor Family Hlth Ctr
Millersville PA 17551
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Lancaster PA 17602
SCHULZ, MD, August J P
P O Box 3555
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164 Hamilton Rd
Lancaster PA 17603
SCIBAL, MD, Gary J FP
562 W Second Ave
Lititz PA 17543
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996 E Orange St
Lancaster PA 17602
SEIPLE, MD, Harvey H DIA
85 Eshelman Rd
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Lancaster PA 17604
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Lancaster PA 17602
SHULTZ, MD, Margarita M R
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Lancaster PA 17603
SHULTZ, MD, Robert G IM
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Lancaster PA 17603
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Lancaster PA 17602
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511 South Spruce Street
Lititz PA 17543
SINGH, MD, Surender CD
622 N Queen St
Lancaster PA 17603
SKINNER III, MD, Robert W GS
1927 Millersville Pike
Lancaster PA 17603
SLIPPEY, MD, Alice E IM
43 South Lime Street
Lancaster PA 17602
SLOVAK, MD, John P CD
420 W Chestnut St
Lancaster PA 17603
SMITH, MD, Eugene C GP
647 E Roseville Rd
Lancaster PA 17601
SMITH, MD, Ian D IM
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Lancaster PA 17603
SMITH JR, MD, Harold A EM
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Ephrata PA 17522
SOLOMON, MD, Elias M GP
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Lancaster PA 17602
SPILLMAN, MD, Murray K GP
120 Corry Ave
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SRITULANONDHA, MD, AN
Nowaratana
Seventh & Poplar Sts
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Leola PA 17540
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Lancaster PA 17601
STENGEL, MD, Robert J FP
602 West James Street
Lancaster PA 17603
STEVENS, MD, Robert G PM
2822 Weaver Road
Lancaster PA 17601
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673 Slalom Ln
Valparaiso IN 46383
STONER, MD, Robert E EM
54 Jackson Dr
Lancaster PA 17603
STOUT, MD, William J GP
106 N Clay St
Manheim PA 17545
STRITTMATTER, MD, John M FP
676 East Main Street
New Holland PA 17557
STUART, MD, Thomas J N
120 N Shippen St
Lancaster PA 17602
SUMMERS, MD, Kermit L EM
Gap PA 17527
SWAN, MD, Reyer O GP
562 W Second Ave
Lititz PA 17543
SZUTOWICZ, DO, Michael P FP
248 W Main St
Ephrata PA 17522
TALBERT, MD, Madonna L OBG
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Lancaster PA 17603
TIFFT, MD, Stephen W PD
1725 Oregon Pike
Lancaster PA 17601
TINDALL, MD, Herbert L FP
R D 1 Box 29
Christiana PA 17509
TINDALL, MD, Janice C FP
R D 1 Box 26
Gap PA 17527
TINNEY JR, MD, William S IM
109 East Roseville Road
Lancaster PA 17601
TURULA, MD, Jon B AN
133 E Frederick Street
Lancaster PA 17602
TYMON, MD, Timothy P ORS
575 Woodbine Rd
Lancaster PA 17603
VANANTWERP, MD, Kenneth J FP
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Lititz PA 17543
VISNESKI, DO, Paul E OBG
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Lancaster PA 17601
WAGNER JR, MD, Richard S AN
1411 Hillcrest Rd
Lancaster PA 17603
WALKER, MD, Jon G U
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Lancaster PA 17603
WEAVER, MD, Aaron R GS
208 W Main St
Ephrata PA 17522
WEAVER, MD, R Clair FP
Norlanco Med Assoc
Elizabethtown PA 17022
WEBER, MD, Richard H FP
817 N Cherry St
Lancaster PA 17602
WEIDA, MD, Thomas J FP
1011 Handsome Place
Litiz PA 17543
WEINBERG, MD, J David FP
45 South Sixth Street
Columbia PA 17512
WEINSTOCK, MD, Andrew I GS
759 Scarsdale Circle
Lancaster PA 17603
WEISMER, MD, Richard M R
2469 Raleigh Drive
Lancaster PA 17601
WENGER, MD, Marlin E RHU
420 N Duke St
Lancaster PA 17602
WENTZ, MD, Henry S FP
29 Eastbrook Rd
Ronks PA 17572
WESTGATE, MD, Randy R FP
1026 Woods Avenue
Lancaster PA 17603
WESTON, MD, David M GE
512 N Duke St
Lancaster PA 17602
WHEATLY, MD, William K OPH
324 N Duke St
Lancaster PA 17602

WHITE JR, MD, Robert H OPH
1254 Lititz Pk
Lancaster PA 17601
WILCOX JR, MD, Winthrop P AN
133 E Frederick St
Lancaster PA 17602
WILEY, DO, David E OBG
1725 Oregon Pike
Lancaster PA 17601
WILLIAMS, MD, Henry N FP
P O Box 153
Lancaster PA 17603
WILSKER, MD, Herbert B FP
117 Prospect St
Lancaster PA 17603
WILSON, MD, James A FP
Eastbrook Famly Hlth Ctr
Ronks PA 17572
WINIARSKI, MD, Genevieve C GS
3224 Harrisburg Pk
Landisville PA 17538
WINTER, MD, Charles R ORS
80 School House Rd
Lancaster PA 17603
WIRSHUP, MD, Mary B FP
R D 1 Box 882
Ephrata PA 17522
WISSLER, MD, Robert U GP
49 Old Mill Road
Ephrata PA 17522
WITMER, MD, Donald B GP
Box 188
Willow Street PA 17584
WITMER, MD, Robert H TS
1333 Hunsicker Mill Road
Lancaster PA 17601
WOLBACH JR, MD, Albert B FP
923 W Main St
Ephrata PA 17522
WOLFE, MD, Dwight D FP
676 E Main St
New Holland PA 17557
WOLGEMUTH JR, MD, John M FP
146 E Main St
Leola PA 17540
WOOD, MD, Ernest M OBG
150 River Drive
Lancaster PA 17603
YAVIL, DO, Jules S DR
1933 Geraldson Ave
Lancaster PA 17601
YEAKEL, MD, Allen E AN
Route 1 Box 365
Newmanstown PA 17073
YEE, MD, Eric K S FP
111 East Clay Street #2
Lancaster PA 17602
YODER, MD, John B FP
Norlanco Med Assoc
Elizabethtown PA 17022
YOUNG, MD, J Michael PTH
St Joseph Hospital
Lancaster PA 17603
YOUNG, MD, James F GE
601 N Duke St
Lancaster PA 17602
YOUNG, MD, William W ORS
20 Leaf Park
Lancaster PA 17603
ZAEPFEL, MD, Joseph P GS
702 Eden Rd
Lancaster PA 17601
ZERVANOS, MD, Nikitas J FP
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P O Box 1449
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New Castle PA 16101
BALDERACH, MD, Ronald R GS
104 S Plaza
New Castle PA 16101
BANNISTER JR, MD, William B GS
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New Castle PA 16105
BASHARA, MD, Thomas J GP
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New Castle PA 16103
BASSALY, MD, Rifaat R OBG
106 East North Street
New Castle PA 16101
BAUMAN, MD, Thomas W R
4268 Old New England Rd
Allison Park PA 15101
BELLA, MD, Romeo H AN
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Ellwood City PA 16117
BOWER, MD, James N FP
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New Castle PA 16101

BROOKS, MD, Jack C GP
26 Pittsburgh Cir
Ellwood City PA 16117
CAPLAN, MD, Aaron GP
510 Park Ave
Ellwood City PA 16117
CAPLAN, MD, Milton L GP
510 Park Ave
Ellwood City PA 16117
CAROLIPIO, MD, Reynaldo R GP
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CHUNG, MD, Chin D GE
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New Castle PA 16105
COLANGELO, MD, Anthony EM
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DHEEN, MD, Mohamed H R IM
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FLORES, MD, Carlos I PD
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FRENCH, MD, Travis A OBG
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FUJIMAGARI, MD, Tak R
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GABRIEL, MD, Larry C OPH
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New Castle PA 16101
GABRIEL, MD, Steven A IM
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New Castle PA 16101
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Ellwood City PA 16117
GEER, MD, Frank D P
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New Castle PA 16105
GILLESPY, MD, William G CLP
108 Park Ln
New Castle PA 16105
GINSBERG, MD, Joseph E OBG
R D 3 21 Windsor Ridge
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GINSBURG, MD, Nathan N OBG
1St Federal Plz
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GRAUEL JR, MD, Theodore A FP
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GROSSMAN JR, MD, Louis W IM
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HART, MD, George R OTO
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New Castle PA 16101
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HOENSTINE, MD, Arthur C OPH
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KOUKAL, MD, Ludwig R AN
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LINGANNA, MD, B Y IM
104 Plaza South
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MALVAR, MD, Thomas Q GP
107 E Wallace Ave
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New Castle PA 16105
MASTRIAN, MD, Anthony S GS
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New Castle PA 16105
MATTA, MD, Shoukry P
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New Castle PA 16105
MCCONAHY, MD, John G D
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New Castle PA 16101
MEDLOCK, MD, James B GS
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New Castle PA 16105
MITTICA, MD, Nicholas M OPH
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New Castle PA 16101
MOORE, MD, George W U
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New Castle PA 16101
NAGLE, MD, Lawerece S HEM
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New Castle PA 16101
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WRIGHT, MD, William R OBG
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Lebanon PA 17042
DRUCKMAN, MD, Stephen M IM
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Lebanon PA 17042
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840 Rising Sun Lane
Millersburg PA 17061
ENGLE, MD, Harold H FP
322 E Main St
Palmyra PA 17078
FAVA, MD, George E OPH
1524 Elm Street
Lebanon PA 17042
FLOWERS, MD, Peter B FP
618 Cornwall Rd
Lebanon PA 17042
FOLTZ EXEC, SEC, Ms Susan US
Good Samaritan Hosp
Lebanon PA 17042
FORKER, MD, Thomas ORS
247 Cedar Ave
Hershey PA 17033
FRANK, MD, Patrick J GP
925 Cumberland St
Lebanon PA 17042
GINGRICH, MD, Kerry H GP
618 Cornwall Rd
Lebanon PA 17042
GINGRICH JR, MD, Russell L GP
34 N Center Ave
Cleona PA 17042
GORDON, MD, Robert A IM
618 Cornwall Rd
Lebanon PA 17042
GROH, MD, John R EM
1835 Mill Road
Lebanon PA 17042
GROSKY, MD, Murray B END
315 Hathaway Park
Lebanon PA 17042
HABECKER, MD, Elizabeth T PD
1654 Rita Ln
Lebanon PA 17042
HALLAHAN, MD, William F CD
618 Cornwall Rd
Lebanon PA 17042
HARTMAN II, MD, Samuel A PD
Plaza Apts
Lebanon PA 17042
HARVEY JR, MD, Benson CDS
229 South Fourth Street
Lebanon PA 17042
HAUER, MD, Marlin L GP
330 Cumberland St
Lebanon PA 17042
HEBERLING, MD, Thomas P EM
601 South 12th Street
Lebanon PA 17042
HEISEY, MD, Robert G OBG
Third And Willow Streets
Lebanon PA 17042
HIRSCH, MD, Glenn M FP
700 E Main St
Annville PA 17003
HOFFMAN, MD, Glenn H FP
629 W Pine St
Palmyra PA 17078
HOFFMAN, MD, Richard R R
1149 Greiner Street
Lebanon PA 17042
HOSTETTER, MD, Abram M P
20 Briarcrest Square
Hershey PA 17033
JONES, MD, Edward GS
422 Cumberland St
Lebanon PA 17042
KASALES, MD, Clarence J U
358 Innsbruck Drive
Hummelstown PA 17036
KEITER, MD, James M EM
30 W Orchard Dr
Palmyra PA 17078
KLATCHKO, MD, William W GS
402 South 12th Street
Lebanon PA 17042
KLINE, MD, Robert M GP
115 E Walnut St
Lebanon PA 17042
KREIDER, MD, Edward E AN
Four Juliada Drive
Lebanon PA 17042
LAPE JR, MD, I Samuel US
Third & Willow Sts
Lebanon PA 17042
LIGHT, MD, John J B IM
25 N Nineth St
Lebanon PA 17042
LONG, MD, Theodore K OPH
1660 Fieldcrest Road
Lebanon PA 17042
MARKS, DO, Burton R
Good Samaritan Hospital
Lebanon PA 17042
MARRONE, MD, Michael S FP
101 West Cherry Street
Palmyra PA 17078
MARTIN, MD, Donald E AN
19 Gentry Dr
Palmyra PA 17078
MCGARRITY, MD, Susan J AN
202 Java Avenue
Hershey PA 17033
MEYER JR, MD, Maurice M OPH
701 Maple St
Lebanon PA 17042
MILLER, MD, Carl S PM
R D 2 Box 2601
Bethel PA 19507
MILLER, MD, Claude J D
1151 Cornwall Rd
Lebanon PA 17042
MORASCO, MD, Edward R GP
102 East Penn Avenue
Cleona PA 17042
MORRIS JR, DO, Wilson S PUD
Hathaway Park At Fourth St
Lebanon PA 17042
MYSTAKAS, MD, Fotis G ORS
235 North Zinns Mill Road
Lebanon PA 17042
NEFF, MD, Charles A P
283 S Butler Rd
Lebanon PA 17042
NGUYEN, MD, Nhien D P
1013 Kiner Avenue
Lebanon PA 17042
NIELSEN, MD, Robert K FP
700 E Main St
Annville PA 17003
NUCUM, MD, Afrodisio N GP
1311 Elm Street
Lebanon PA 17042
OH, MD, Chang W OBG
618 Cornwall Road
Lebanon PA 17042
PASTOR, MD, James A AN
P O Box 1176
Lebanon PA 17042
PATEL, MD, Madhukar R U
419 South Third Street
Lebanon PA 17042
PATERNITI, MD, Samuel F OBG
Third & Willow Sts
Lebanon PA 17042
PLACE, MD, Elmer R GP
111 Park St
Lebanon PA 17042
POTASH, MD, George C OPH
513 Chestnut St
Lebanon PA 17042
PROVENCIO, MD, Florencio PTH
1661 Krim Ct
Lebanon PA 17042
RICE III, MD, John E N
Fourth Street
Lebanon PA 17042
RIM, MD, Jeung K IM
59 Walden Rd
Lebanon PA 17042
ROLLO, MD, Daniel P OBG
151 Maple Lane
Lebanon PA 17042
ROTZ, MD, Gregory G IM
201 West Chestnut Street
Palmyra PA 17078
ROVINSKI, MD, Helen T P
P O Box 354
Schaefferstown PA 17088
SACKS, MD, Richard P R
R D 3
Manheim PA 17545
SAYSON, MD, Jose N IM
302 Walnut St
Lebanon PA 17042
SCHAEFFER JR, MD, William E IM
618 Cornwall Rd
Lebanon PA 17042
SCHREIBER, MD, Richard D GP
801 Walnut Street
Lebanon PA 17042
SILBERMAN, MD, J Dewolf OPH
1552 Rita Ln
Lebanon PA 17042
SNYDER, MD, Diehl M P
Philhaven Hospital
Mount Gretna PA 17064
SNYDER, MD, Earl J GS
Fourth St & Hathaway Park
Lebanon PA 17042
SOLOMON, MD, Stephen J N
618 Cornwall Road
Lebanon PA 17042
SOMMERVILLE, MD, Kenneth W N
Fourth St & Hathaway Park
Lebanon PA 17042
SPOTTS, MD, Ricke L FP
700 E Main St
Annville PA 17003
SRUR, MD, Jimmy S ORS
229 S Fourth St
Lebanon PA 17042
STOUTENBOROUGH, MD, IM
Kenneth A
711 Poplar Street
Lebanon PA 17042
SUAREZ, MD, Ramon U U
1023 Poplar Street
Lebanon PA 17042
SUTER, MD, Stanley C U
1023 Poplar St
Lebanon PA 17042
SZYDLOWSKI, MD, Thaddeus R IM
618 Cornwall Rd
Lebanon PA 17042
TANNER, MD, Leonard M PTH
1551 Rita Ln
Lebanon PA 17042
TIBBITTS, MD, James A GP
King & Queen Sts Box F
Jonestown PA 17038
TROSTLE, MD, David C RHU
618 Cornwall Road
Lebanon PA 17042
UHRICH, MD, Kathryn H GP
523 North Seventh Street
Lebanon PA 17042
UHRICH, MD, Robert W US
523 North Seventh Street
Lebanon PA 17042
WALMER, MD, John D P
Philhaven 283 South Butler Rd
Lebanon PA 17042
WEYLAND, MD, Charletta K PD
209 Hathaway Park
Lebanon PA 17042
WHEELER, MD, Glen N GP
199 Walnut St
Lebanon PA 17042
WHITING, MD, R Keith FP
73 Locust Avenue
Mt Gretna PA 17064
WINER, MD, Stephen F GS
225 Royal Rd
Lebanon PA 17042
WORRILOW, MD, Suzanne H GP
400 E High St
Lebanon PA 17042
YEAMANS, MD, Bruce E FP
21 School Ln
Lebanon PA 17042
YOCUM, DO, Jeffrey A GP
940 Cumberland St
Lebanon PA 17042
YOCUM, DO, Martin D US
404 Park Dr
Lebanon PA 17042
YUN, MD, Won K OBG
618 Cornwall Rd
Lebanon PA 17042
ZIMMERMAN JR, MD, Franklin D GP
Box 325
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ZINSSER, MD, Kendall R PTH
3275 W Oak Street
Lebanon PA 17042

LEHIGH

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ALEXANDER, MD, Raymond S OBG
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317 Bridge St
Catasaqua PA 18032
ALTOBELLI, MD, John A PS
1600 Lehigh Pkwy Ste K1
Allentown PA 18103
ALTOMARE JR, MD, Frank J R
Sacred Heart Hosp
Allentown PA 18102
ANDERKO, MD, Frank T GP
414 Ridge Ave
Allentown PA 18102
ANSON, MD, Peter M ORS
1401 N Cedar Crest Blvd
Allentown PA 18104
ARANGIO, MD, George A ORS
32 N West St
Allentown PA 18102
ASNANI, MD, Mithlesh G PD
875 N Parkway Rd
Allentown PA 18104
BARBOUR, MD, Peter J N
1210 South Cedar Crest Blvd
Allentown PA 18103
BARDAWIL, MD, Lawrence W IM
3131 College Heights Blvd
Allentown PA 18104
BARILLA, MD, Donald E END
401 N 17th Street #215
Allentown PA 18104
BARNES, MD, Ben C IM
180 114Th St
Stone Harbor NJ 08247
BARONE, MD, Anthony AN
421 Chew Street 4-B
Allentown PA 18102
BARR, MD, William B GE
White Acre Drive North
Bethlehem PA 18015
BARRETT, MD, Judith N FP
2419 Greenleaf St
Allentown PA 18104
BARRETT, MD, Stephen J P
842 Hamilton Mall Room 11
Allentown PA 18101
BAUDER, MD, Elizabeth S P
C/O J Peter Becker
Washington DC 20520
BAUM, MD, Edgar S GP
1624 Walnut St
Allentown PA 18102
BAUSCH, MD, Richard D FP
951 N Fourth St
Allentown PA 18102
BAUSCH JR, MD, Frederick R GP
142 N Nineth St
Allentown PA 18102
BAYLOR, MD, Richard D FP
Fourth And Chew Streets
Allentown PA 18102
BAYRI, MD, Mehmet F AN
1196 W Meadowbrook Cir
Allentown PA 18103
BEITEL JR, MD, Robert J OPH
1026 Hamilton St
Allentown PA 18101

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BENZEL, MD, Stanley — R
315 N 27th St
Allentown PA 18104
BERGER, MD, Alan — GS
1251 South Cedar Crest Blvd
Allentown PA 18103
BERNHARD, MD, John J — OBG
421 Luther Crest
Allentown PA 18104
BLAISDELL, MD, C Theodore — AN
421 Chew St C-3
Allentown PA 18102
BLAKE, MD, Douglas R — AN
421 Chew Street 4-B
Allentown PA 18102
BLINDER, MD, Jeffrey S — DR
918 North 25th Street
Allentown PA 18104
BONEKEMPER, MD, Thomas W — IM
R D 5 Box 199
Quakertown PA 18951
BONOS III, MD, Charles T — EM
Lehigh Valley Hosp Dept Of Em
Allentown PA 18105
BOO, MD, Ki T — IM
1322 Hamilton Street
Allentown PA 18102
BOUCHER, MD, William F — FP
234 E 20th St
Northampton PA 18067
BOWEN, MD, Dale T — FP
1136 Fifth St
Catasauqua PA 18032
BOYER, MD, George S — GS
740 N 19th St
Allentown PA 18104
BRANTON, MD, Leon N — PD
811 N 19th St
Allentown PA 18104
BREN, DO, Deborah A — OS
826 S 12th Street Apt 8
Allentown PA 18103
BRENNEN, MD, Robert F — GP
951 N Fourth St
Allentown PA 18102
BROOKS, MD, Charles M — GE
1462 Wedgewood Rd
Allentown PA 18104
BROWN, MD, Christopher L — DR
4747 Parkview Drive S
Emmaus PA 18049
BROWN, MD, Joy M — OBG
401 North 17th Street
Allentown PA 18104
BUCHANAN IV, MD, Harry W — OPH
401 N 17th Street
Allentown PA 18104
BUCKLEY, MD, Ronald J — FP
1164 Meadowbrook Circle W
Allentown PA 18103
BURKHARD JR, MD, Edward J — PTH
1888 W Brookhaven Dr
Allentown PA 18103
BURKHOLDER, MD, Thomas O — OPH
Allentown Medical Ctr
Allentown PA 18104
BUSCH, MD, Michael F — ORS
1210 S Cedar Crest Blvd
Allentown PA 18103
CACCESE, MD, David M — IM
401 N 17th Street #201
Allentown PA 18104
CAMPOS, MD, Luis I — GS
421 Chew Street 2-B
Allentown PA 18102
CANDIO, MD, Joseph A — IM
1210 South Cedar Crest Blvd
Allentown PA 18103
CARAPELLA, MD, John D — GP
13 Lone Lane
Allentown PA 18104
CARBAUGH, MD, Howard L — GP
614 North Sixth Street
Allentown PA 18102
CARNEY, MD, David P — IM
2532 Washington St
Allentown PA 18104
CARPENTER IV, MD, E Joel — GP
102 N 13th St
Allentown PA 18102
CASSEL, MD, John J — CD
1259 S Cedar Crest Blvd
Allentown PA 18103
CASTALDO, MD, John E — N
1210 South Cedar Crest Blvd
Allentown PA 18103
CERCIELLO, MD, Mark J — ORS
40 S Cedar Crest Blvd
Allentown PA 18104
CHANG, MD, In-Ho — AN
Allentown Hosp
Allentown PA 18102
CHEN, MD, Juh-Huey — PD
Box 80
Trexlertown PA 18087
CHENG, MD, Harvey S — OPH
5013 Briarwood Drive
Macungie PA 18062

CHENG, MD, Lawrence C — GP
2710 Liberty Street
Allentown PA 18104
CHILD, MD, Proctor L — PTH
1819 Saratoga Ct
Allentown PA 18104
CHOWDARY, MD, Raj P — PS
1210 South Cedar Crest Blvd
Allentown PA 18103
CHURCH, MD, Paul A — U
1111 N 19th St
Allentown PA 18104
CORNELL, MD, James F — GE
451 Chew Street
Allentown PA 18102
CRISWELL, MD, Samuel W — FP
533 N 26th St
Allentown PA 18104
CRUZ, MD, Edgardo S — AN
3101 Trexler Blvd
Allentown PA 18104
CUSTODIO, MD, Edgardo C — DR
785 Wedgewood Rd
Bethlehem PA 18017
DANGELO, MD, Carl F — GE
401 N 17th Street #207
Allentown PA 18104
DEEB, MD, Ramon J — AN
1627 Chew St Ste 1310
Allentown PA 18102
DESHPANDE, MD, Vilas K — PD
811 N 19th St
Allentown PA 18104
DEX, MD, Walter J — DR
Allentown Hosp
Allentown PA 18104
DICKSON JR, MD, Thomas B — ORS
1730 Chew St
Allentown PA 18104
DILCHER, MD, Robert H — U
515 North Main Street
Allentown PA 18104
DIMICK, MD, Dean F — IM
Allentown Hospital
Allentown PA 18102
DOLL JR, MD, Robert B — IM
2533 Walnut St
Allentown PA 18104
DORSEY, MD, James T — OBG
910 Turner St
Emmaus PA 18049
DOTTOR, MD, Albinka J — HEM
601 Delaware Ave
Bethlehem PA 18015
DRY, MD, Frederick A — GP
2347 Riverbend Road
Allentown PA 18103
DUBBS, MD, Alfred W — CD
1443 Hamilton St
Allentown PA 18102
DUNN, MD, Jerome — AI
401 North 17th Street
Allentown PA 18104
EARNEST, MD, Tamar D — GS
1251 S Cedar Crest 301-C
Allentown PA 18103
EDDINGER, MD, Leo C — FP
951 N Fourth St
Allentown PA 18102
ENDRES, MD, Warren H — GP
6000 Main St
Fogelsville PA 18051
ESLER JR, MD, James W — AN
421 Chew Street 3-C
Allentown PA 18102
EVERETT, MD, Harold E — IM
R D 4 Box 55
Northampton PA 18067
FALCONE, MD, Domenico — AN
2335 Riverbend Road
Allentown PA 18103
FARRELL, MD, Peter E — OTO
1251 S Cedar Crest Blvd
Allentown PA 18103
FASSL, MD, Joseph J — EM
2820 Oakland Road
Bethlehem PA 18017
FEENEY, MD, Robert A — FP
3710 Hamilton St
Allentown PA 18104
FELDMAN, MD, Larry B — IM
1210 South Cedar Crest Blvd
Allentown PA 18103
FETTERMAN, MD, Henry H — OBG
501 N 17th St
Allentown PA 18104
FETZER, MD, Arthur E — U
401 North 17th Street
Allentown PA 18104
FIELD-MUNVES, MD, Ellen M — RHU
Gateway Professional Center
Bethlehem PA 18017
FINCH, MD, Frank G — IM
23Rd & Livingston Sts
Allentown PA 18104
FINNEGAN, MD, Walter J — ORS
40 South Cedar Crest Blvd
Allentown PA 18104
FISTER, MD, Frederick D — GP
R D 6 Box 556
Wescosville PA 18106

FITZGERALD, MD, James L — OBG
3345 Highland Street
Allentown PA 18104
FITZSIMONS, MD, Thomas R — DR
1301 South 24th Street
Allentown PA 18103
FOX, MD, Stewart — TS
1210 S Cedar Crest Blvd
Allentown PA 18103
FOX, MD, William F — OM
9 N Fourth St
Coplay PA 18037
FRANKENFIELD, MD, Bruce A — IM
2200 Hamilton St Rm 203
Allentown PA 18104
FRIEDBERG, MD, Milton J — ON
2200 Hamilton St
Allentown PA 18104
FROMM, MD, Mitchel L — TR
Allentown Hospital
Allentown PA 18102
FUGAZZOTTO, MD, Pasquale J — PD
401 North 17th Street
Allentown PA 18104
GALGON, MD, John P — PUD
1162 Bellair Dr
Allentown PA 18103
GARCIA, MD, Jose R — IM
421 Chew St Ste 2-C
Allentown PA 18102
GAYLOR, MD, Donald H — GS
3761 Devonshire Road
Allentown PA 18103
GAYLOR, MD, Theodore H — OTO
1251 South Cedar Crest Blvd
Allentown PA 18103
GEARHART, MD, Lyster M — OBG
501 N 17th St
Allentown PA 18104
GEE, MD, William — GS
1524 Linden Street
Allentown PA 18102
GELLER, MD, Edward I — GP
803 Alabama Woods Lane
Orlando FL 32824
GELLER, MD, Michael H — DR
1200 S Cedar Crest Blvd
Allentown PA 18105
GERCHMAN, MD, Leroy B — US
3710 Hamilton St
Allentown PA 18104
GINSBERG, MD, Gene H — IM
1210 S Cedar Crest Blvd
Allentown PA 18103
GITTLEMAN, MD, Mark A — GS
1210 South Cedar Crest Blvd
Allentown PA 18103
GLAZERMAN, MD, Larry R — OBG
401 North 17th Street
Allentown PA 18104
GOLDFARB, MD, Daniel D — P
121 N Cedar Crest Blvd
Allentown PA 18104
GOLDFARB, MD, Harold J — OPH
2004 Allen St
Allentown PA 18104
GOLDSMITH, MD, Charles P — OPH
Liberty Sq Med Ctr
Allentown PA 18104
GOOD, MD, Harry S — GS
1711 Hamilton St
Allentown PA 18104
GOODREAU, MD, James J — CDS
401 North 17th Street Ste 210
Allentown PA 18104
GOPAL, MD, T A — OBG
401 N 17th St Ste 304
Allentown PA 18104
GORDON, MD, Charles A — IM
1210 S Cedar Crest Blvd
Allentown PA 18103
GORDON, MD, Michael J — OTO
1251 S Cedar Crest Blvd
Allentown PA 18103
GRASSI, MD, Joseph J — PM
3907 Larkspur Drive
Allentown PA 18103
GREYBUSH, MD, Joseph N — OBG
401 North 17th Street
Allentown PA 18104
GRUNBERG, MD, Robert W — NEP
50 S 18th St
Easton PA 18042
GUILLARD, MD, Paul — IM
7867 Aster Circle
Macungie PA 18062
GUZZO, MD, Joseph C — NEP
2200 Hamilton St
Allentown PA 18104
HAFF, MD, Donald W — GP
2871 Golf Circle
Emmaus PA 18049
HALLOCK, MD, Geoffrey — PS
1210 S Cedar Crest Blvd
Allentown PA 18103
HAMADANI, MD, Houshang G — P
2895 Hamilton Blvd Ste 103
Allentown PA 18104
HARRIS, MD, Stanley R — TR
421 Chew Street
Allentown PA 18102

HARTZELL JR, MD, George W — GS
1210 South Cedar Crest Blvd
Allentown PA 18103
HARVEY, MD, Kenneth L — GP
302 Walnut St
Catasauqua PA 18032
HARWICK, MD, John D — OTO
Liberty Square Medical Ctr
Allentown PA 18104
HASTINGS JR, MD, Leo J — US
324 N Sixth St
Allentown PA 18102
HEFFERNAN, MD, Andrew H — PS
1621 N Cedar Crest Blvd
Allentown PA 18104
HEILIGMAN, MD, Nathan H — GER
823 North 23rd
Allentown PA 18104
HENRIQUEZ, MD, Jack A — EM
2280 Yorkshire Cir
Allentown PA 18103
HENTOSH, MD, John P — PD
401 N 17th Street 205
Allentown PA 18104
HERTZ, MD, Charles S — GS
Pocono Lake Pres PA 18348
HERTZ, MD, Jonathan — IM
1210 S Cedar Crest Blvd
Allentown PA 18103
HILL, MD, E Merton — PH
1833 W Congress St
Allentown PA 18104
HOFFMAN, MD, Arthur D — IM
3710 Hamilton Street
Allentown PA 18104
HOFFMAN, MD, William W — GP
2416 Third St
Whitehall PA 18052
HOFFMANN, MD, Ursula M — FP
P O Box 158
Center Valley PA 18034
HOLLAND, MD, Clarence A — GS
421 Chew Street 3-B
Allentown PA 18102
HOLLAND JR, MD, Clarence A — GS
421 Chew Street 3-B
Allentown PA 18102
HORVAT, MD, John F — IM
401 N 17th Street #201
Allentown PA 18104
HOUIDES, MD, Athanasios C — GS
219 N 17th St
Allentown PA 18104
HUDSON JR, MD, Howard E — AN
1627 Chew St
Allentown PA 18102
HUNTER, MD, Carol A — FP
3210 Carbon Street #77
Whitehall PA 18052
HUTCHINSON, MD, Thomas A — OBG
4887 Meadowview Drive
Macungie PA 18062
HYMAN, MD, Herbert L — GE
401 N 17th Street
Allentown PA 18104
JAEGER, MD, Robert M — NS
1259 S Cedar Crest Blvd
Allentown PA 18103
JAFARI, MD, Nercy — CDS
1941 Nottingham Road
Allentown PA 18103
JAFFE, MD, John S — U
1200 South Cedar Crest
Allentown PA 18103
JEFFERIS, MD, Earl S — OBG
401 North 17th Street #301
Allentown PA 18104
JOHNSON, MD, Charles F — GPM
2881 Golf Circle
Emmaus PA 18049
JOHNSON, MD, Douglas E — NEP
2200 Hamliton Street
Allentown PA 18104
JONES, MD, David G — OPH
501 N 17th St
Allentown PA 18104
JONES, MD, Stuart A — NM
1045 Treeline Dr
Allentown PA 18103
JUNG, MD, Jay Soo — AN
R D 1 Box C-314
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KARAMCHANDANI, MD, — GS
Mahesh C
1334-1 South Fountain Street
Allentown PA 18103
KARRON, MD, Betty — CHP
401 North 17th Street #208
Allentown PA 18104
KASPRENSKI, MD, Matthew A — FP
2416 Third Street
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R D 1 Box 16-A
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Allentown PA 18104
KATZ, MD, Mitchell E — FP
3131 College Heights Blvd
Allentown PA 18104

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1405 N Cedar Crest Blvd
Allentown PA 18104
KAUFMAN, MD, Jay H — PUD
1210 S Cedar Crest Blvd
Allentown PA 18103
KEAN, MD, Dennis W — PD
1553 Turner Street
Allentown PA 18102
KEBLISH JR, MD, Peter A — ORS
1730 Chew St
Allentown PA 18104
KELLEY, MD, William T — EM
Lehigh Valley Hospital Ctr
Allentown PA 18105
KELLEY JR, MD, Charles F — PD
1251 S Cedar Crest Blvd
Allentown PA 18103
KENVIN, MD, John E — PD
811 N 19th
Allentown PA 18104
KHAN, MD, Abdul A — CDS
1275 S Cedar Crest Blvd
Allentown PA 18103
KHOSHBIN, MD, Bijan — PTH
1336 Hamilton Street
Allentown PA 18102
KHUBCHANDANI, MD, Indru T — CRS
1275 South Cedar Crest Blvd
Allentown PA 18103
KIBELSTIS, MD, John A — PUD
1210 South Cedar Crest Blvd
Allentown PA 18103
KIESEL, MD, Robert — OPH
1503 N Cedar Crest Blvd #123
Allentown PA 18104
KIM, MD, Chung H — NM
3081 Elm Dr
Allentown PA 18103
KIM, MD, Jin I — AN
1158 Treeline Drive
Allentown PA 18103
KIM, MD, Kyu S — PM
1736 Hamilton Street
Allentown PA 18104
KINTZEL, MD, James E — NEP
2200 Hamilton St
Allentown PA 18104
KISTLER, MD, Kermit K — OPH
106 North 13th Street
Allentown PA 18102
KLASKO, MD, Stephen K — OBG
401 North 17th Street
Allentown PA 18104
KLECKNER, MD, Francis S — GE
1275 South Cedar Crest Blvd
Allentown PA 18103
KLEES, MD, Athanasius — CLP
1679 Lehigh Pkwy North
Allentown PA 18103
KLOIN, MD, Jay E — IM
4441 Dogwood Circle
Emmaus PA 18049
KLOTZ, MD, Donald J — FP
36 S 17th St
Allentown PA 18104
KNAPPER, MD, Elizabeth J — D
2250 Tilghman Street
Allentown PA 18104
KNECHT, MD, Charles L — R
3131 College Heights Blvd
Allentown PA 18104
KOHAN, DO, David A — AN
421 Chew St Ste C-3
Allentown PA 18102
KOPENHAVER, MD, Donald B — OBG
1251 S Cedar Crest Blvd
Allentown PA 18103
KOPYT, DO, Nelson P — IM
4364 Valley Drive
Allentown PA 18104
KOVACS, MD, Robert J — IM
1210 South Cedar Crest Blvd
Allentown PA 18103
KRATZER, MD, Glenn S — IM
4293 Clearview Rd
Allentown PA 18103
KRATZER, MD, Guy L — CRS
1447 Hamilton Street
Allentown PA 18102
KRAYNICK, MD, Benjamin M — ORS
40 S Cedar Crest Blvd
Allentown PA 18104
KREITHEN, MD, Harold — A
401 North 17th Street
Allentown PA 18104
KRICUN, MD, Robert — DR
1202 N 36th St
Allentown PA 18104
KRISCH, MD, Ronald A — P
2929 Livingston Street
Allentown PA 18104
KUCHARCZUK, MD, John B — OBG
1357 Main St
Northampton PA 18067
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820 Ward Street
Allentown PA 18103
LACHMAN, MD, Bernard E — OPH
3415 Congress St
Allentown PA 18104

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160 Main St
Emmaus PA 18049
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401 North 17th Street #303
Allentown PA 18104
LAUFER, MD, Fred FP
1344 Hamilton St
Allentown PA 18102
LEET, MD, Thomas E DR
1247 N Cedar Crest Blvd
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LEHRICH, MD, Henry E FP
825 N Cedar Crest Blvd
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LEISTER, MD, C Merrill PD
1731 W Broad St
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2004 S Fifth St
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3655 Fox Run Dr
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50 South 18th Street
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132 Lakeshore Drive
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1486 Stoneridge Road
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2949 Allen St
Allentown PA 18104
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1015 N 32nd St
Allentown PA 18104
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Allentown PA 18102
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2200 Hamilton St
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2030 Tilghmar Road
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CONAHAN, MD, Thomas J R
336 W Green St
Hazleton PA 18201
CONSALVO, MD, John A EM
182 South Franklin Street
Wilkes Barre PA 18701
COOPER, MD, David R ORS
695 Kidder St
Wilkes Barre PA 18702
COOPER, MD, Helen C IM
42 E Main St
Plymouth PA 18651
COOPER, MD, Joseph E GP
380 Old River Road
Wilkes Barre PA 18702
CORAZZA, MD, Leo J IM
Two East Broad Street
Hazleton PA 18201
CORDERO, MD, Hermelinda R
Wilkes-Barre Gen Hosp
Wilkes-Barre PA 18764
COREY, MD, Peter J GS
35 W Linden St Ste A220
Wilkes Barre PA 18702
CORNACCHIONE, DO, Mario J FP
Geisinger Family Health Ctr
Dallas PA 18612
CORRIGAN, MD, Lawrence F PD
29 W Holly St
Hazleton PA 18201
COYLE, MD, John J OPH
2 E Broad St
Hazleton PA 18201
CRAMTON, MD, David C IM
610 Wyoming Ave
Kingston PA 18704
CROMPTON, MD, Richard E FP
206 Carverton Rd
Trucksville PA 18708
CUASAY, MD, Ramon S GS
208 Northeastern Building
Hazleton PA 18201
CZWALINA, DO, Robert FP
Six Timothy Drive
Wyoming PA 18644
DAINIUS, MD, Alfonsas PH
28 Hillcrest Dr
Dallas PA 18612
DANCA, MD, Alfred F ORS
35 W Linden St
Wilkes Barre PA 18702
DANISHANKO, MD, Albert G GP
174 Scott St
Wilkes Barre PA 18702
DAVIS, MD, Daniel T ORS
R D 5 Sutton Rd
Shavertown PA 18708
DAVIS, MD, George B GP
256 North Maple Avenue
Kingston PA 18704
DAW, MD, William J U
4111 North 25th Avenue
St Petersburg FL 33713
DEBONIS, MD, Charles S IM
972 Wyoming Ave
Forty Fort PA 18704
DECKER, MD, Peter G IM
166 Hanover Street
Wilkes Barre PA 18702
DECURTIS, MD, George M FP
534 Wyoming Ave
Kingston PA 18704
DEDHIA, MD, Champak R
70 Pinewood Dr
Laflin PA 18702
DEGENNARO, MD, Patrick J R
Wilkes Barre General Hospital
Wilkes Barre PA 18764
DEJOSEPH, MD, Robert L CD
1730 E Broad St
Hazleton PA 18201
DELEHANTY, MD, Thomas J PUD
270 South River Street
Plains PA 18705
DELLA ROSA JR, MD, John J N
1010 E Mountain Drive
Wilkes Barre PA 18702
DENARO, MD, Anthony T P
149 Dana Street
Wilkes Barre PA 18702
DEPASQUALE, MD, Sam C GS
480 Pierce St Ste 108
Kingston PA 18704
DEROJAS, MD, Juan J CDS
582 Greene Lane
Philadelphia PA 19128
DESSEN, MD, Edgar L DR
Northeastern Bank Bldg
Hazleton PA 18201
DEVLIN, MD, Michael F AN
1010 E Mountain Drive
Wilkes Barre PA 18702
DIGIOVANNI, MD, Vincent J N
295 S River Street
Wilkes Barre PA 18702
DIORIO, MD, James P IM
1217 Wyoming Ave
Forty Fort PA 18704
DIORIO, MD, Norina M FP
998 Wyoming Ave
Forty Fort PA 18704
DITTMAN, MD, Thomas H PUD
2 E Broad St
Hazleton PA 18201
DOLPHIN, MD, Murray OPH
400 Third Avenue
Kingston PA 18704
DORMANS, MD, Adrian A FP
23 Woodcrest Drive
Wilkes Barre PA 18702
DOSTAL, MD, Julie A FP
540 Pierce Street
Kingston PA 18704
DRAPIEWSKI, MD, John F PTH
40 Tilbury Terrace
West Nanticoke PA 18634
DRAPIEWSKI, MD, Vincent A IM
166 Hanover Street
Wilkes Barre PA 18702
EDELSTEIN, MD, Mark OBS
1010 East Mountain Drive
Wilkes Barre PA 18711
ELLIS IV, MD, John H CD
225 South River Street
Plains PA 18705
ENGLISH, MD, Richard B FP
Narrows Office Bldg
Edwardsville PA 18704
FARRELL, MD, Dorothy A N
480 Pierce St
Kingston PA 18704
FASCIANA, MD, Guy M IM
Dime Bank Building
Pittston PA 18640
FATEMI, MD, Jalal B TS
35 West Linden Street
Wilkes Barre PA 18702
FEERICK, MD, John P N
Geisinger Med Grp
Wilkes Barre PA 18702
FEIN, MD, Amnon OBG
Nesbitt Medical Arts Bldg
Kingston PA 18704
FEINSTEIN, MD, Peter A ORS
35 W Linden St
Wilkes Barre PA 18702
FELLERMAN, MD, Herbert IM
35 West Linden Street
Wilkes Barre PA 18702
FERRARO, MD, Michael M OBG
425 Tioga Ave
Kingston PA 18704
FESCINA, MD, Joseph V GYN
217 N Laurel St
Hazleton PA 18201
FINO, MD, Gregory FP
R D 1 Box 266f
White Haven PA 18661
FOLDES, MD, Julius PTH
Valley Country Club Road
Conyngham PA 18219
FREEDMAN, MD, Louis J OBG
534 Wyoming Ave
Kingston PA 18704
FREIFELD, MD, Martin L OBG
480 Pierce Street
Kingston PA 18704
FRIED, MD, Martin B GE
Courthouse Square Towers
Wilkes Barre PA 18704
FRIEDMAN, MD, Henry B GE
610 Wyoming Ave
Kingston PA 18704
FRYE, MD, John W OBG
8 Cedar Dr Birchwood Hills
Plains PA 18705
FURNER, DO, Carl L IM
125 Johns Avenue
Hazleton PA 18201
GAIA, MD, Juan D DR
451 Third Avenue
Kingston PA 18704
GALLAGHER, MD, Henry G GP
35 Lake St
Dallas PA 18612
GAZEK, MD, Francisco A CD
2 E Broad St
Hazleton PA 18201
GAZOWSKI, MD, Thomas E US
82 Division Street
Kingston PA 18704
GIBBONS, MD, Robert J GS
629 West Diamond Ave
Hazleton PA 18201
GIERING, MD, John F IM
550 Westmoreland Avenue
Kingston PA 18704
GILL, MD, John J R
451 Third Ave
Kingston PA 18704
GIORDANO, MD, Nicholas D IM
200 Second Ave
Kingston PA 18704
GRABOWSKI, MD, Marie A PD
259 E Union St
Nanticoke PA 18634
GRECO, MD, Victor F TS
Greco Medical Arts Bldg
Drums PA 18222
GREENBERG, MD, Andrew A AN
195 Butler Street
Kingston PA 18704
GREENWALD, MD, David W ON
35 W Linden St
Wilkes Barre PA 18702
GRIESMER, MD, Paul D OBG
425 Tioga Ave
Kingston PA 18704
GROSSMAN, MD, Ira C U
470 Wyoming Ave
Kingston PA 18704
GUNDERSON, MD, Robert L ORS
1710 East Broad Street
Hazleton PA 18201

GUNSTER, MD, Gerald D OBG
R D 1 Upper Demunds Rd
Dallas PA 18612
GUTTERMAN, MD, Paul NS
1740 E Broad St
Hazleton PA 18201
HABER, MD, Arthur S R
214-19 Northeastern Bldg
Hazleton PA 18201
HAKKARINEN, MD, William D FP
540 Pierce Street
Kingston PA 18704
HANLON, MD, Paul A OBG
543 Westmoreland Avenue
Kingston PA 18704
HARRIS, MD, Harold J GP
228 South Franklin Street
Wilkes Barre PA 18701
HARRIS, MD, Howard Y PD
40 James St
Kingston PA 18704
HARRIS, MD, Ronald I END
421 West Market Street
Kingston PA 18704
HASSEL, MD, Mark H OS
2116 Westgate Drive
Bethlehem PA 18018
HAZLETT, MD, Jane OBG
480 Pierce St Rm 319
Kingston PA 18704
HAZLETT, MD, William H OBG
534 Wyoming Ave
Kingston PA 18704
HERNANDEZ, MD, Wilbert E AN
1172 Scott Street
Wilkes Barre PA 18705
HERRMANN, MD, William J OBG
1010 E Mountain Dr
Wilkes Barre PA 18702
HEYDT, MD, Stuart OS
1010 E Mountain Dr
Wilkes Barre PA 18702
HIGGINS, MD, David E OTO
1000 East Mountain Drive
Wilkes Barre PA 18711
HLAVAC, MD, Cheryl A IM
65 Laurel Dr
Scranton PA 18505
HOLLERAN, MD, Bernard L IM
308 W Eighth St
West Wyoming PA 18644
HOUK, MD, Russell R PTH
401 Pine Lane
Mountain Top PA 18707
HOWANITZ, MD, Emil P GS
917 United Penn Bank Bldg
Wilkes Barre PA 18701
HUANG, MD, Jung T FP
540 Pierce Street
Kingston PA 18704
HUDOCK JR, MD, George E PTH
51 E Valley View Dr
Courtdale PA 18704
HUGHES, MD, Paul J FP
540 Pierce Street
Kingston PA 18704
HUSAIN, MD, Zahid RHU
35 W Linden St
Wilkes Barre PA 18702
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Wilkes Barre PA 18702
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JAMES, MD, Russell E IM
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Kingston PA 18704
JANERICH, MD, Albert D PM
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Wilkes Barre PA 18702
JANJIGIAN, MD, Edward R N
22 Pierce St
Kingston PA 18704
JIUNTA, DO, James M GP
340 Carey Avenue
Wilkes Barre PA 18702
JOHNSON, MD, Dorothy E GP
25 W Ross St
Wilkes Barre PA 18702
JONES, MD, Robert T US
508 Foxwood Lane
Paoli PA 19301
JOSEPH, MD, Raymond J GP
165 Carey Ave
Wilkes Barre PA 18702
JULIUS, MD, Ernest L FP
245 E South St
Wilkes Barre PA 18702
KAFRISSEN, MD, Steven R P
35 Yeager Avenue
Forty Fort PA 18704
KAMEEN, MD, Anthony J OPH
601-605 Wyoming Ave
Kingston PA 18704
KANTOR, MD, Milton IM
245 E South St
Wilkes Barre PA 18702

KAO, MD, Yu Song N
166 Hanover Street
Wilkes Barre PA 18702
KATLIC, MD, Mark R TS
35 West Linden Street
Wilkes Barre PA 18702
KELLMAN, MD, Ian A DR
625 Hampton Road
Shavertown PA 18708
KENNEDY, MD, John N IM
R D 5
Shavertown PA 18708
KERR, MD, Robert M IM
204 S Franklin St
Wilkes Barre PA 18701
KERSTEEN EXEC, DIR, Duane E US
130 S Franklin St
Wilkes Barre PA 18701
KETTRICK, MD, James P ABS
2 E Broad St
Hazleton PA 18201
KIM, MD, Hyung-Bae OBG
1010 E Mountain Dr
Wilkes Barre PA 18702
KIRBY, MD, Jacqueline P PD
56 West Linden Street
Wilkes Barre PA 18702
KIRCHOFFER, MD, James B IM
1010 East Mountain Drive
Wilkes Barre PA 18702
KISH, DO, John M FP
City Heights Shipping Center
Wilkes Barre PA 18702
KISTLER, MD, David W FP
245 East South Street
Wilkes Barre PA 18702
KLEIN, MD, Joseph M PD
1211 Gulf Of Mexico Drive
Longboat Key FL 33548
KLEM, MD, Albert J GP
194 Dorrance St
Kingston PA 18704
KOEHL JR, MD, C Warren PTH
Elmcrest Dr
Dallas PA 18612
KOENIG, MD, Johann A PTH
646 N Church St
Hazleton PA 18201
KONECKE, MD, M Louis OS
33 Forest Rd
Mountaintop PA 18707
KONECKE, MD, Ron J R
Lake Road
Bear Creek PA 18602
KOO, MD, Wook H AN
Mountainview Dr
Dallas PA 18612
KOPEN, MD, Dan F GS
480 Pierce Street
Kingston PA 18704
KOTCH, MD, Michael J GP
40 N Market St
Nanticoke PA 18634
KOWALSKI, MD, Joseph J P
676 Wyoming Avenue
Kingston PA 18704
KOZLEK, MD, Thomas F OTO
534 Wyoming Ave
Kingston PA 18704
KRIVENKO, MD, Charles A FP
Sterling & Machell Aves
Dallas PA 18612
KRYWICKI, MD, William J ORS
Geisinger Medical Group
Wilkes Barre PA 18702
KULBASKI, MD, Frank E R
25 Mary St
Ashley PA 18706
KURELLO, MD, Phillip J FP
540 Pierce Street
Kingston PA 18704
KUSIAK, MD, Michael FP
Six Holiday Court
Kingston PA 18704
LABBATE, MD, Victor A RHU
35 West Linden Street
Wilkes Barre PA 18702
LABUZ, MD, Eugene F GP
741 W Diamond Ave
Hazleton PA 18201
LACZI, MD, Bartolomeu J IM
Sugarloaf Avenue
Conyngham PA 18219
LAKATOS, MD, Nicholas R GS
143 West Broad Street
Nanticoke PA 18634
LANDAU, MD, Leo W PD
534 Wyoming Ave
Kingston PA 18704
LANE, MD, Richard A OPH
601-605 Wyoming Avenue
Kingston PA 18701
LATZKO, MD, Paul J FP
Shickshinny Health Center
Shickshinny PA 18655
LAWRENCE, MD, Gary W PD
1010 East Mountain Drive
Wilkes Barre PA 18702
LAZAR, MD, Richard J FP
605 Main St
Duryea PA 18642

LEASE, MD, John R ORS
1710 E Broad St
Hazleton PA 18201
LEE, MD, Ki B OBG
1730 E Broad St
Hazleton PA 18201
LEHMAN, MD, Clinton J IM
39 Westminster Dr
Dallas PA 18612
LENAHAN, MD, Paul J GP
159 Lakeview Dr Penn Lake
Whitehaven PA 18661
LENYO, MD, George E FP
R D 2 Hometown
Tamaqua PA 18252
LEYZIN, MD, Mara S FP
19 Highland Blvd
Dallas PA 18612
LITCHMAN, MD, Joseph F FP
35 West Linden Street
Wilkes Barre PA 18702
LITSCHER, MD, Larry A OPH
601-605 Wyoming Avenue
Kingston PA 18704
LIVENGOOD, MD, Margaret A GPM
Po Box 11
Bear Creek PA 18602
LOBITZ, MD, Stanley A FP
Nesbitt Memorial Hospital
Kingston PA 18704
LOFTUS, MD, Joseph A GP
10 Union St
Wilkes Barre PA 18705
LOMBARD, MD, Michael F FP
Box 55
Bear Creek PA 18602
LONG, MD, Paul R D
1010 E Mountain Dr
Wilkes Barre PA 18702
LOTTICK, MD, Edward A FP
789 Wyoming Ave
Kingston PA 18704
LOVRINIC, MD, Daniel F ORS
1710 East Broad Street
Hazleton PA 18201
LUCAS, MD, Irene D IM
7026 Horizon Village
Mountaintop PA 18707
LUCCHINO, MD, David B GS
2350 Huntsville Road
Shavertown PA 18708
LUNG, MD, Richard J PS
10 W Chestnut Street Ste 12
Hazleton PA 18201
MACKALL, MD, Samuel J NS
480 Pierce St
Kingston PA 18704
MAGUIRE-LITCHMAN, MD, FP
Maureen R
540 Pierce Street
Kingston PA 18704
MANCIA, MD, Bonita M OBG
676 Wyoming Avenue
Kingston PA 18704
MANGANIELLO, MD, Charles M FP
1099 S Township Blvd
Pittston PA 18640
MANRIQUE, MD, Jose V CD
166 Hanover Street
Wilkes Barre PA 18702
MARINER, MD, David R GS
63 East Walnut Street
Kingston PA 18704
MARTYAK, MD, Nicholas A PD
1740 E Broad St
Hazleton PA 18201
MATSKO, MD, Michael E GP
R D 1 Box 362-J
Tamaqua PA 18252
MCALOOSE, MD, Louis T U
Hersheys Mill
West Chester PA 19380
MCGILL, MD, Kenneth W FP
49 South River Street
Plains PA 18705
MCGRANE, MD, Maria K TS
550 Route 415
Dallas PA 18612
MCGRATH, MD, Edmund W GP
95D Manor Road
Edwardsville PA 18704
MEIKLE, MD, George C FP
223 Pierce Street
Kingston PA 18704
MENDELSSOHN, MD, Saul NEP
56 West Linden Street
Wilkes Barre PA 18702
MENIO, MD, John N FP
32 West Main Street
Plymouth PA 18651
MESAROS, MD, Michael J EM
N P W Med Ctr E R Dept
Wilkes Barre PA 18711
MICHELSTEIN, MD, Richard D GE
221 Joseph Dr
Kingston PA 18704
MITCHELL, MD, Arthur B FP
540 Pierce Street
Kingston PA 18704
MOKYCHIC, MD, Walter E GP
42 N Pioneer Ave
Shavertown PA 18708

MOORE, MD, David H GE
R D 2 Box 238
Dallas PA 18612
MORGART, MD, Douglas R EM
7 Old North Rd
Mountaintop PA 18707
MORRISON SR, MD, Joseph F OPH
130 Forest Road
Mountaintop PA 18707
MOSES, MD, George P GS
166 Hanover Street
Wilkes Barre PA 18702
MUKERJEE, MD, Manju G U
40 N Market St
Nanticoke PA 18634
MUMIE, MD, Lawrence E FP
676 Wyoming Avenue
Kingston PA 18704
MYERS, MD, Charles E IM
East Mountain Road
Kingston PA 18651
MYERS, MD, Frederick B IM
610 Wyoming Ave
Kingston PA 18704
NAUSS, MD, Thomas J PS
R D 3
Moscow PA 18444
NESBITT, MD, Richard A IM
1010 East Mountain Drive
Wilkes Barre PA 18702
NIEZGODA, MD, Paul E GE
21 Tamanini Road
Wyoming PA 18644
NORK, MD, Edward P OPH
777 Wyoming Ave
Kingston PA 18704
NOVINGER, MD, Quentin T PD
1010 E Mountain Dr
Wilkes Barre PA 18702
ODONNELL, MD, George J PD
272 South River Street
Wilkes Barre PA 18702
OH, MD, Yong W PTH
106 Dina Avenue
Hazleton PA 18201
OLSHEMSKI, MD, Frank C IM
21 Woodcrest Drive
Wilkes Barre PA 18702
OLSON, MD, Ronald A OPH
341 Wyoming Ave
West Pittston PA 18643
ORLANDO, MD, Joseph D DR
1099 South Township Blvd
Pittston PA 18640
ORLOSKI, DO, Joan M IM
124 Stephenson Street
Duryea PA 18642
OUANO, MD, Romeo C DR
425 West Diamond Avenue
Hazleton PA 18201
OWENS, MD, David E FP
44 Reynolds Street
Kingston PA 18704
PACURARIU, MD, Radu I OPH
82 South Washington Street
Wilkes Barre PA 18701
PADEN, MD, Drue R FP
245 East South Street
Wilkes Barre PA 18702
PANZER, MD, Glenn M FP
534 Bennett Street
Luzerne PA 18709
PATEL, MD, Satish D DR
Wilkes Barre General Hosp
Wilkes Barre PA 18764
PEGUERO, MD, O Alberto GS
1730 East Broad Street
Hazleton PA 18201
PELCZAR, MD, Eugene W GP
71 Tilbury Terrace
West Nanticoke PA 18634
PENUGONDA, MD, Dwaraki B PD
166 Hanover Street
Wilkes Barre PA 18702
PENUGONDA, MD, Haragopal S U
35 W Linden St
Wilkes Barre PA 18702
PERIYANAYAGAM, MD, NS
Srinivasan
1740 East Broad Street
Hazleton PA 18201
PERKINS, MD, Charles G FP
260 Toftrees Avenue
State College PA 16803
PETERS, MD, Frank S IM
173 East Broad Street
Nanticoke PA 18634
PETERS JR, MD, Robert H GP
974 Kasko Road
Shavertown PA 18708
PILAREK, MD, Valentine F GP
40 North Market Street
Nanticoke PA 18634
PISZCZEK, MD, Joseph E IM
72 East Main Street
Plymouth PA 18651
POLIDORA, MD, Frank C ORS
1710 East Broad Street
Hazleton PA 18201
POSATKO, MD, Peter C GP
52 Hudson Road
Plains PA 18705

POTERA, MD, Leo P IM
303 James Street
Kingston PA 18704
POTORSKI, MD, Robert D J IM
36 East Oak Street
Pittston PA 18640
PRAKASH, MD, Murthappa N CD
1730 East Broad Street
Hazleton PA 18201
PRASAD, MD, Shishir C GS
1099 South Township Blvd
Pittston PA 18640
PRESPER, MD, John H NS
1010 East Mountain Drive
Wilkes Barre PA 18702
PUGLIESE, MD, Joseph F OPH
601-605 Wyoming Avenue
Kingston PA 18704
PUMA, MD, Samuel J GS
44 West Bennett Street
Kingston PA 18704
PUTPRUSH, MD, Joseph R PTH
1000 East Mountain Drive
Wilkes Barre PA 18711
QUERCI, DO, John C IM
1825 Wyoming Avenue
Exeter PA 18643
RACHO, MD, George J OTO
22 North Church Street
Hazleton PA 18201
RAFTIS, MD, John T PM
35 West Linden Street
Wilkes Barre PA 18702
RAKLEWICZ, MD, Michael C ORS
Courthouse Sq Towers
Wilkes Barre PA 18702
REICH, MD, Sylvia R GP
171 Wyoming Avenue
Wyoming PA 18644
RICK JR, MD, William J P
777 Wyoming Avenue
Kingston PA 18704
RIMPLE, MD, David F CD
610 Wyoming Avenue
Kingston PA 18704
RIOFSKI, MD, Anthony F A
1340 North Washington Street
Wilkes Barre PA 18705
RIZZO, MD, Samuel V OTO
554 Monument Avenue
Wyoming PA 18644
ROBINS, MD, Isadore M GP
109 South Franklin Street
Wilkes Barre PA 18701
ROBINSON, MD, Joseph PD
47 Pierce Street
Kingston PA 18704
RODA, MD, Paul I HEM
1740 East Broad Street
Hazleton PA 18201
ROJAS, MD, Julio R OPH
1720 East Broad Street
Hazleton PA 18201
ROSCKOWFF, MD, Carol M PD
540 Pierce Street
Kingston PA 18704
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Lake Worth FL 33437
ROSSI, MD, Patricia V PD
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Wilkes Barre PA 18702
ROTHSCHILD, MD, John A NEP
56-58 West Linden Street
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15 Public Square
Wilkes Barre PA 18701
RUGGIERO, MD, Nicholas J CD
225 South River Street
Plains PA 18705
RUMBAUGH, MD, Marshall U U
R D 1 Box 507
Dallas PA 18612
SAHILLIOGLU, MD, Refik PUD
166 Hanover Street
Wilkes Barre PA 18702
SAIDMAN, MD, Lester M FP
576 Gibson Avenue
Kingston PA 18704
SALAZAR, MD, Pedro A U
54 North Locust Street
Hazleton PA 18201
SAMII, MD, Abdol H N
10 West Dorrance Street
Kingston PA 18704
SANDS, MD, David PD
618 Wyoming Avenue
Kingston PA 18704
SANDS, MD, Jeffrey J NEP
56 West Linden Street
Wilkes Barre PA 18702
SARAS, MD, Peter L IM
101 South Laurel Street
Hazleton PA 18201

SAVAGE, MD, Donald J OPH
601-605 Wyoming Avenue
Kingston PA 18704
SAVAGE, MD, Peter J GP
28 Center Avenue
Plymouth PA 18651
SCARANO, MD, Domenico TS
1010 East Mountain Drive
Wilkes Barre PA 18702
SCHADE, MD, John F GS
609 Hazleton Natl Bank
Hazleton PA 18201
SCHEERS, MD, George F OBG
101 West Broad Street
Hazleton PA 18201
SCHIOWITZ, MD, Albert GS
35 West Linden Street
Wilkes Barre PA 18702
SCHIOWITZ, MD, Mark F GS
35 W Linden St
Wilkes-Barre PA 18702
SCHLESINGER, MD, Sam GP
218 West Tenth Street
Hazleton PA 18201
SCHMIDT, MD, Arnold P PTH
55 Spruce Street
Mountaintop PA 18707
SCHOOLEY, MD, Frank B IM
150 Lake Street
Dallas PA 18612
SCHREINER, MD, Glenwood R GP
30 West Broad Street
West Hazleton PA 18201
SCHULMAN, MD, Norman TR
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Wilkes Barre PA 18764
SCHWITER, MD, E Joseph CD
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Wilkes Barre PA 18702
SCOTT, MD, Alvin J GP
69 West Union Street
Shickshinny PA 18655
SCOTT, MD, Durelle T IM
610 Wyoming Avenue
Kingston PA 18704
SCROBOLA, MD, Charles C GPM
638 Wyoming Avenue
Wyoming PA 18644
SEROSKA, MD, Phillip J EM
119 Forest Road
Mountain Top PA 18707
SGARLAT, MD, Joseph R ORS
109 James Street
Kingston PA 18704
SHAFER, MD, Edward A FP
219 North Sprague Avenue
Kingston PA 18704
SHAPIRO, DO, Donald M IM
401 Third Avenue
Kingston PA 18704
SHARKEY, MD, Thomas G OPH
601-605 Wyoming Avenue
Kingston PA 18704
SHERWOOD, MD, John W FP
55 New Alexander Street
Wilkes Barre PA 18702
SHROFF, MD, Farook K CD
166 Hanover Street
Wilkes Barre PA 18702
SIBERSKI, MD, John R IM
327 North Main Street
Plymouth PA 18651
SLAGEL, MD, Scott A EM
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Freeland PA 18224
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South Daytona FL 32019
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Rural Health Center
Noxen PA 18636
SMITH, MD, Henry F FP
126 South Mountain Blvd
Mountain Top PA 18707
SMITH JR, MD, Harry A ORS
259 South Franklin Street
Wilkes Barre PA 18701
SOLOMON, MD, Cynthia A IM
679 Carey Avenue
Wilkes Barre PA 18702
SOMMA, MD, Richard M N
1010 East Mountain Drive
Wilkes Barre PA 18702
SON, MD, Daniel L U
777 Wyoming Avenue
Kingston PA 18704
SON, MD, Kenneth A U
777 Wyoming Avenue
Kingston PA 18704
SPAGNOLETTI, MD, Louis IM
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Wilkes Barre PA 18711
SPARTO, MD, Robert PD
Gateway Manor
Kingston PA 18704

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166 Hanover St Ste 105
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SPECTOR, DO, Howard L R
16 Longmeadow Lane
Mountaintop PA 18707
STEGURA, MD, Barney A OPH
630 South Hanover Street
Nanticoke PA 18634
STEHMAN, DO, Glenn R CDS
1730 East Broad Street
Hazleton PA 18201
STERNLIEB, MD, Sanford B US
35 West Linden Street
Wilkes Barre PA 18702
STEWART, MD, Russell R AN
1010 East Mountain Drive
Wilkes Barre PA 18702
STISH JR, MD, Anthony G GP
600 Penn Lane
West Hazleton PA 18201
STREET, MD, Thomas F GS
Center Plaza Ste 10
Hazleton PA 18201
STRICKER, MD, Robert S OS
375 Carey Avenue
Wilkes Barre PA 18702
STUCCIO, MD, Dominick A U
Seven Concord Drive
Wilkes Barre PA 18702
STUCCIO, MD, Joseph J U
21 Fordham Road
Wilkes Barre PA 18702
TAGGART, MD, George W OPH
2 East Broad Street
Hazleton PA 18201
TALATI, MD, Dineshkumar C IM
55B Heisz Street
Edwardsville PA 18704
TEDESCO, MD, Louis J FP
102 York Avenue
West Pittston PA 18643
TEITELBAUM, MD, Carl OS
13 Summit View Drive
Mountaintop PA 18707
TESTA, MD, John W GP
108 Susquehanna Avenue
West Pittston PA 18643
TOMEDI, MD, John R FP
16 Savoy Drive
Dallas PA 18612
TONREY, MD, Francis G FP
3421 Spanish Trail
Delray Beach FL 33444
TORRES, MD, Albert L AN
12 Woodcrest Drive
Wilkes Barre PA 18702
TSOUTSOPLIDES, MD, OBG
George C
Mercy Hospital
Wilkes Barre PA 18703
UDOSHI, MD, Geeta M IM
Three Fox Hollow Drive
Dallas PA 18612
UDOSHI, MD, Mallapa B IM
166 Hanover Street
Wilkes Barre PA 18702
UMALI, MD, Idona C AN
542 East Kiefer Avenue
Hazleton PA 18201
USHINSKI, MD, Stanley C PDA
480 Pierce Street Ste 209
Kingston PA 18704
VALENTI, MD, John T GP
10 East South Street
Wilkes Barre PA 18701
VENIT, MD, Bethany A PD
410 First Valley Bank Bldg
Hazleton PA 18201
VILLACRUSIS, MD, Oscar C P
23 Pine Tree Road
Mountaintop PA 18707
VOLPETTI, MD, George W GS
34 West Linden Street #220-A
Wilkes Barre PA 18702
VOUTSINAS, MD, Louisa V OBG
777 East Broad Street
Hazleton PA 18201
WALSH, MD, James C D
30 Fordham Road
Wilkes Barre PA 18702
WARTELLA JR, MD, Stephen R
Wilkes Barre General Hospital
Wilkes Barre PA 18764
WASNICK, MD, William GP
22 Lee Park Avenue
Wilkes Barre PA 18702
WEITZ, MD, John T DR
402 East Washington Street
Nanticoke PA 18634
WENNER, MD, Robert B FP
29 Calbeth Place
Hazleton PA 18201
WESTON, MD, S David DR
1010 East Mountain Drive
Wilkes Barre PA 18702
WICKS, MD, William A AN
3652 Inverness Drive
Sarasota FL 34243
WIESENFELD, MD, Nathaniel H DR
1010 East Mountain Drive
Wilkes Barre PA 18702

WISE, MD, Richard J GP
103 Main Street
Conyngham PA 18219
WITT, MD, Paul J FP
45 Mack Street
Plains PA 18705
WOLANIN, MD, Janusz FP
245 South Prospect Street
Nanticoke PA 18634
WOOD, MD, Marlene B IM
540 Pierce Street
Kingston PA 18704
YAMULLA, MD, Stanley J GS
908 Northeastern Bank Bldg
Hazleton PA 18201
YANOSHAK, DO, Robert N FP
86 West Saylor Avenue
Plains PA 18705
YOON, MD, Myung S IM
100 West Diamond Avenue
Hazleton PA 18201
ZALATIMO, MD, Akram A OBG
534 Wyoming Avenue
Kingston PA 18704
ZEVENEY JR, MD, Dennis J GS
166 Hanover Street
Wilkes Barre PA 18702

LYCOMING

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Williamsport PA 17701
ABELL, MD, Mary T PM
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AHMED, MD, Galal M PTH
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AMSLER JR, MD, Fred R ORS
1711 Pentridge Cove
Williamsport PA 17701
ANDO, MD, Teodoro A AN
1352 Adele Road
Montoursville PA 17754
ANGLE, MD, William D OPH
1822 Homewood Ave
Williamsport PA 17701
BALLENTINE, MD, George N OBG
R D 3
Muncy PA 17756
BASSETT, DO, Harold W FP
2708 Newberry Street
Williamsport PA 17701
BASTIAN, MD, James R OPH
1001 Grampian Blvd
Williamsport PA 17701
BEDNARZ, MD, Wallace W R
1527 Harding Ave
Williamsport PA 17701
BELLES, MD, Terry A FP
145 Shaffer St
Williamsport PA 17701
BELTZ, MD, William R GS
1205 Grampian Blvd
Williamsport PA 17701
BERGER, MD, Gary W FP
Main St
Hughesville PA 17737
BIDDLE, MD, John E GP
212 Main St
Watsontown PA 17777
BINDER, MD, Mitchell J HEM
1100 Grampian Blvd
Williamsport PA 17701
BLOM, MD, Bohen M F PTH
Rd 3 Maddon Heights
Montoursville PA 17754
BLOM, MD, Johannes ND
1100 Grampian Blvd
Williamsport PA 17701
BLUMBERG, MD, Alexander W PD
923 Campbell St
Williamsport PA 17701
BONNER, MD, Robert A OPH
2200 Grampian Blvd
Williamsport PA 17701
BONTOMASE, MD, Jasper E GP
24 Spruce Circle South
Barnegat NJ 08005
BOZIC, MD, Albert F OPH
57 E Fourth St
Williamsport PA 17701
BRICKHOUSE, MD, Herman M P
414 W Fourth St
Williamsport PA 17701
BRINK, MD, William R IM
410 Locust Street
Williamsport PA 17701
BUMAGIN, MD, Michael S PS
425 Market Street
Williamsport PA 17701
BURKS, MD, John M CD
777 Rural Ave
Williamsport PA 17701
BUTKIEWICZ, MD, Bernard L DR
1505 Ritchey Street
Williamsport PA 17701
BUZZERD, MD, Harry W OTO
760 Glenwood Ave
Williamsport PA 17701

BYLER, MD, Philip R FP
1205 Grampian Blvd
Williamsport PA 17701
CALCE, MD, John V NM
1100 Grampian Blvd
Williamsport PA 17701
CALDER JR, MD, Joseph R IM
777 Rural Ave
Williamsport PA 17701
CALLENBERGER, MD, EM
George J
52 S Main St
Hughesville PA 17737
CAMPANA, MD, Joseph F OTO
151 E Third St
Williamsport PA 17701
CAMPANA, MD, Louis F GYN
107 Sixth St
Williamsport PA 17701
CICCARELLI, MD, Lee M IM
138 West Fourth Street
Williamsport PA 17701
CIPOLLA, MD, Charles F GS
201 East Third Street
Williamsport PA 17701
COFFMAN, MD, Kaohlin M EM
R D 4 Box 634
Montoursville PA 17754
COHEN, MD, Edwin E GS
1001 Grampian Blvd
Williamsport PA 17701
COLE, MD, Charles E P
699 Rural Ave
Williamsport PA 17701
COLLINS, MD, Leonard R OBG
528 W Fourth St
Williamsport PA 17701
CONWAY, MD, Cyril F OBG
1300 Woodmont Ave
Williamsport PA 17701
COOPER, MD, Kenneth L OBG
528 West Fourth Street
Williamsport PA 17701
COZINE, MD, Richard A OPH
1420 Campbell St
Williamsport PA 17701
DABROWIECKI, MD, Diane B FP
699 Rural Avenue
Williamsport PA 17701
DOUGLAS, MD, Donald D GE
1205 Grampian Blvd
Williamsport PA 17701
DUNKLE, MD, Neil F A
201 N Broad
Jersey Shore PA 17740
DURRWACHTER, MD, Robert J GP
R D 2
Montoursville PA 17754
ECKER JR, MD, Herbert A PS
420 W Fourth St
Williamsport PA 17701
ECKER SR, MD, Herbert A PS
420 West Fourth Street
Williamsport PA 17701
EISTER, MD, Ronald N FP
1001 First Avenue
Williamsport PA 17701
ENGLISH, MD, Joseph G EM
324 Tinsman Ave
Williamsport PA 17701
ERTEL, MD, D Gregory GE
1205 Grampian Blvd
Williamsport PA 17701
FAJARDO, MD, Arturo A R
1035 Canterbury Rd
Williamsport PA 17701
FENNER, MD, Henry E PTH
601 S Main St
Muncy PA 17756
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R D 3 Box 340
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Lauderhill FL 33319
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116 Kerr Ave
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FORD, MD, William T D
699 Rural Ave
Williamsport PA 17701
FORKER, MD, Thomas S FP
990 Thompson Street
Jersey Shore PA 17740
FREYNIK, MD, Joseph G FP
699 Rural Ave
Williamsport PA 17701
FRIES, MD, Gene T PTH
777 Rural Ave
Williamsport PA 17701
FUNK JR, MD, F Coleman FP
R D 5
Muncy PA 17756

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Williamsport PA 17701
GEHRON JR, MD, William H U
747 Arch Street
Williamsport PA 17701
GEORGY, MD, Farouk M OBG
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Williamsport PA 17701
GILMORE, MD, Ina M IM
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GINTER JR, MD, George C AN
R D 5 Box 256
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GO, MD, Alfonzo H L AN
R D 2 Box 105-B
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GOULDIN, MD, Judith A NM
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Williamsport PA 17701
GRABOYES, MD, Arnold B IM
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Williamsport PA 17701
GREENE, MD, Donald H ORS
1020 Thompson St
Jersey Shore PA 17740
HAMM, MD, William G EM
2440 Blair St
Williamsport PA 17701
HAMOY, MD, Alice G IM
116 Kerr St
Jersey Shore PA 17740
HAMOY, MD, George L EM
R D 2 Box 870
Jersey Shore PA 17740
HARRISON, MD, James L CDS
699 Belmont Ave
Williamsport PA 17701
HARTZ, MD, Leo M FP
27 South Washington Street
Muncy PA 17756
HAYES, MD, Warren H FP
2116 W Fourth St
Williamsport PA 17701
HEARTER JR, MD, William R DR
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Williamsport PA 17701
HEERE, MD, Barbara A IM
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Williamsport PA 17701
HEINBACH JR, MD, Robert A OBG
1201 Woodmont Avenue
Williamsport PA 17701
HENDERSON, MD, K Wayne ND
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Williamsport PA 17701
HEYMAN, MD, David Coleman AN
862 Rural Ave
Williamsport PA 17701
HILL, MD, Daniel E CLP
Williamsport Hospital
Williamsport PA 17701
HIPPLE, MD, Randall F OBG
528 W Fourth St
Williamsport PA 17701
HOFSTROM, MD, Glen T FP
145 Shaffer St
Williamsport PA 17701
HONG, MD, Soo W OTO
699 Rural Ave
Williamsport PA 17701
HURST, MD, Kenneth L FP
1205 Grampian Blvd
Williamsport PA 17701
IMBARRATO, MD, Francis C FP
699 Rural Avenue
Williamsport PA 17701
JACQUES, MD, Charles H FP
1626 Elliott Street
Williamsport PA 17701
JENNINGS, MD, David T OPH
1510 Elliott Street
Williamsport PA 17701
JOHN EXEC, DIR, Paul P US
2895 Euclid Ave
Williamsport PA 17701
JONES, MD, Michael W FP
699 Rural Avenue
Williamsport PA 17701
JONES JR, MD, John H GS
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JUDSON, MD, Susan C HEM
R D 3 Box 136
Williamsport PA 17701
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Williamsport PA 17701
KAAR, MD, Richard C GP
603 Center St
Milton PA 17847
KAISER, MD, Ralph H PD
2430 Sheridan Street
Williamsport PA 17701
KEATING, MD, Edward C CD
777 Rural Ave
Williamsport PA 17701
KIM, MD, Il G GS
R D 1 Med Arts Bldg
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KOLB, MD, Charles E OPH
R D 3 Box 153
Cogan Station PA 17728
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1200 Campbell St
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LASKY, MD, Melodee S FP
699 Rural Avenue
Williamsport PA 17701
LATTIMER, MD, Gary L ID
699 Rural Ave
Williamsport PA 17701
LEBER, MD, Paul E EM
1205 Grampian Blvd
Williamsport PA 17701
LECHNER, MD, Frederic C IM
331 Center St
Williamsport PA 17701
LIDDELL, MD, Albert G ORS
1201 Grampian Blvd
Williamsport PA 17701
LIPSON, MD, Stephen D U
904 Campbell Street
Williamsport PA 17701
LONGENBACH, MD, Eric W FP
433 Broad Street
Montoursville PA 17754
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Divine Providence Hosp
Williamsport PA 17701
LUKAS, MD, Raymond A AN
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LYON, MD, Edward GYN
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MANNING, MD, Harry L N
699 Rural Ave
Williamsport PA 17701
MARIANO JR, MD, Tomas A GS
P O Box 5107
Jersey Shore PA 17740
MAYS, MD, Richard R P
R D 2 Box 57
Muncy PA 17756
MCCAULEY, MD, William C PUD
777 Rural Ave
Williamsport PA 17701
MCCLOSKEY, DO, Timothy J PD
904 Campbell Street
Williamsport PA 17701
MEHTA, MD, Pankaj OBG
1205 Grampian Blvd
Williamsport PA 17701
MIGLIORE, MD, Joseph J EM
528 Rural Avenue
Williamsport PA 17701
MILLER, MD, Earl R OS
807 Curtin St
S Williamsport PA 17701
MIRZA, MD, Mohammad R CD
1201 Grampian Blvd
Willaimsport PA 17701
MONTAGUE, MD, James W FP
R D 1
Montoursville PA 17754
MORENO, MD, Manuel V AN
Divine Providence Hospital
Williamsport PA 17701
MOSER, MD, Edward N GS
699 Rural Avenue
Williamsport PA 17701
MURPHY, MD, Edith L OS
2609 Waldman Dr
Williamsport PA 17701
NAGEL, MD, David B TR
1100 Grampian Blvd
Williamsport PA 17701
NAGPAL, MD, Naresh C GS
27 South Washington Street
Muncy PA 17756
NAIDU, MD, Jai P PD
335 Maynard St
Williamsport PA 17701
NELSON, MD, Philip K OBG
4773 Greencroft Road
Sarasota FL 33580
NIELSEN, MD, R Craig FP
736 High St
Williamsport PA 17701
NIERLE, MD, Richard H GP
95 E Houston Ave
Montgomery PA 17752
OLINSKY, MD, Stuart M N
425 Market Street
Williamsport PA 17701
PAGANA, MD, Timothy J ON
1205 Grampian Blvd
Williamsport PA 17701
PARK, MD, Young Won PM
777 Rural Ave
Williamsport PA 17701

PATEL, MD, Harshad R R
1100 Grampian Blvd
Williamsport PA 17701
PECK, MD, William J FP
145 Shaffer Street
Williamsport PA 17701
PEPPERMAN, MD, Larue E EM
807 Grampian Blvd
Williamsport PA 17701
PETERS II, MD, C A P FP
5 English Hill R D 3
Cogan Station PA 17728
PETERSON, MD, Glenn R P
1100 Grampian Blvd
Williamsport PA 17701
PFEIL, MD, Russell W GP
264 Broad St
Montoursville PA 17754
POLIS, MD, Mark J U
1205 Grampian Blvd
Williamsport PA 17701
POPHAL, MD, Mahlon J PTH
1495 Princeton Ave
Williamsport PA 17701
POWERS JR, MD, Francis M TR
1100 Grampian Blvd
Williamsport PA 17701
QUERIMIT, MD, Jorge A GS
699 Rural Ave
Williamsport PA 17701
RAJJOUB, MD, Rodwan K NS
699 Rural Avenue
Williamsport PA 17701
RANNELS, MD, Herman W OS
R D 1 Box 45-A
Marietta PA 17547
RATKE, MD, Henry V GP
115 Lina Lane
Martinsburg WV 25401
REDDY, MD, Rajidi M CD
Muncy Valley Hosp
Muncy PA 17756
REDKA, MD, James W FP
1205 Grampian Blvd
Williamsport PA 17701
REIS, MD, Paul B TS
1001 Grampian Blvd
Williamsport PA 17701
RODGERS, MD, Charles J GP
511 W Fourth St
Williamsport PA 17701
SALVATORE, MD, Michael A PUD
215 Grampian Blvd
Williamsport PA 17701
SANFORD, MD, Frederic E OS
625 Harding Ave
Williamsport PA 17701
SAYRE, MD, Rodger C FP
699 Rural Avenue
Williamsport PA 17701
SCHOPFER, MD, Ralph E AN
712 Vallamont Dr
Williamsport PA 17701
SCHWARTZ, MD, Sheldon M PTH
777 Rural Ave
Williamsport PA 17701
SCHWEIKLE, MD, Mary R GE
1205 Grampian Blvd
Williamsport PA 17701
SERVOSS, MD, Spencer J U
17 Round Hill Rd
Williamsport PA 17701
SHAFIQUE, MD, Mohammad CD
1201 Grampian Blvd
Williamsport PA 17701
SHAW, MD, Gordon A DR
Williamsport Hosp
Williamsport PA 17701
SHEARER, MD, Donald E GP
217 Broad Street
Montoursville PA 17754
SHENBERGER, MD, Keith N RHU
904 Campbill
Williamsport PA 17701
SHU, MD, Chia S OBG
1205 Grampian Blvd
Williamsport PA 17701
SINCLAIR, MD, Sydney E OS
608 Highland Terrace
Williamsport PA 17701
SOMERS, MD, William R IM
1205 Grampian Blvd
Williamsport PA 17701
SORBER, MD, William A IM
211 E Water Street
Muncy PA 17756
SOUNDARARAJAN, MD, GS
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904 Campbell Street
Williamsport PA 17701
SPINNEY, MD, Carmen E IM
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Williamsport PA 17701
STEWART, MD, James A FP
65 N Main St
Montgomery PA 17752
STONE, MD, Walker H GS
989 Country Club Dr
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1201 Grampian Boulevard
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STRALEY, MD, Richard K ORS
1201 Grampian Blvd
Williamsport PA 17701
SUTER, MD, Harry J CD
699 Rural Ave
Williamsport PA 17701
TAYLOR, MD, Arthur R FP
777 Rural Avenue
Williamsport PA 17701
TIGNOR, MD, Richard F OPH
699 Rural Ave
Williamsport PA 17701
TOBIAS, MD, Richard B GER
1615 Riverside Dr
Williamsport PA 17701
TODHUNTER, MD, William D GS
699 Rural Ave
Williamsport PA 17701
TUFFAHA, MD, Hani J NS
904 Campbell St
Williamsport PA 17701
UPDEGROVE, MD, Robert A OTO
699 Rural Ave
Williamsport PA 17701
VANDERLIN, MD, Robert L US
414 Locust St
Williamsport PA 17701
VASUDEVAN, MD, Raghavan CD
1001 Grampion Blvd
Williamsport PA 17701
VOSK, MD, Arno D EM
1127 Vallamont Drive Nw
Williamsport PA 17701
WADE, MD, Franklin G GS
1305 Campbell St
Williamsport PA 17701
WAGNER, MD, W John GP
217 Broad St
Montoursville PA 17754
WASILEWSKI JR, MD, Charles L D
1201 Grampian Blvd
Williamsport PA 17701
WEANER JR, MD, Howard H FP
11 N Main St
Montgomery PA 17752
WEAVER, MD, Don K PTH
777 Rural Ave
Williamsport PA 17701
WETSTONE, MD, Jeffrey B FP
699 Rural Ave
Williamsport PA 17701
WILCOX, MD, Wilfred W GP
531 Broad St
Montoursville PA 17754
WILLIAMS, MD, A Claude P
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WILLIAMS, MD, Robert H PD
699 Rural Ave
Williamsport PA 17701
WILLIAMSON, MD, Neihl J FP
R D 4 Box 106b
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WINTER 2ND, MD, John C A
416 Pine St
Williamsport PA 17701
WITTHOFF JR, MD, Elmer M FP
306 Allegheny St
Jersey Shore PA 17740
WOLFE, MD, Daniel E R
800 Grampian Blvd
Williamsport PA 17701
WOROBEC, MD, Russell N ORS
1201 Grampian Blvd
Williamsport PA 17701
YASUI, MD, Robert S GS
1001 Grampian Blvd
Williamsport PA 17701
YEALY, MD, W Holmes DR
R D 4 Box 810
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YOON, MD, Chan R
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ZELLER, MD, Robert G DR
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Two Thompson Pike
Kane PA 16735
BOWMAN JR, MD, Douglas F GP
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Bradford PA 16701
DEE, MD, Cecilio C PTH
Bradford Hosp
Bradford PA 16701
FOKSTUEN, MD, Terje S P
137 N Bennett St
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GUENTER, MD, Fritz E ABS
Temple Club Bldg
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HENRY, MD, Walter J OBG
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JAMIL, MD, Qazi A US
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JUNG, MD, Tinliung OBG
Med Arts Bldg
Bradford PA 16701
KONWINSKI, MD, Edward S GS
305 Hooker Fulton Bldg
Bradford PA 16701
MCNEIL, MD, John AN
Bradford Hospital
Bradford PA 16701
MEDDEN, MD, Edwin J GS
125 Main Street
Bradford PA 16701
NADELLA, MD, V Rao EM
Bradford Hospital
Bradford PA 16701
NAYAK, MD, Narayan PD
Med Arts Bldg
Bradford PA 16701
NILES, MD, Robert A GP
Willow St
Port Allegany PA 16743
OCAMPO, MD, Renato G GS
S Edgar St
Kane PA 16735
OLSON, MD, Dennis A FP
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Kane PA 16735
OSBORNE, MD, David P GS
R D 1 Back Acres
Smethport PA 16749
PITKIN, MD, John T CHP
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Smethport PA 16749
PRADHAN, MD, Anil G PD
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Bradford PA 16701
ROCHE JR, MD, Edward J FP
Rm 406 Hooker Fulton Bldg
Bradford PA 16701
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Kane PA 16735
SARAJEDINI, MD, Hossain U
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SCHECTER, MD, Benjamin C GS
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STILL, MD, George J CD
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Bradford PA 16701
VALDES, MD, Conrado A AN
Community Hospital
Kane PA 16735
WATKINS, MD, Donald R GS
125 Main St
Bradford PA 16701
WHITE, MD, Robert E IM
201 Hooker Fulton Bldg
Bradford PA 16701
WITHERSPOON, MD, Myra A EM
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Bradford PA 16701

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BALING, MD, Larry E IM
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BASHLINE, MD, Don L GS
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Grove City PA 16127
BASHLINE, MD, H Woodrow GP
R D 1
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BAYUK, MD, John D FP
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Hermitage PA 16146
BEH, MD, Walter P U
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Butler PA 16001
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BREVETTA, MD, Richard J OPH
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Sharon PA 16146
BROWN, MD, Matthew G FP
Med Arts Bldg
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BROWN, MD, William E OTO
1260 E State St
Sharon PA 16146
BUISER, MD, Rodolfo A EM
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Greenville PA 16125
CHARLTON, MD, Glenn B FP
912 State St
Sharon PA 16146
CHATHA, MD, Iftikhar A FP
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FALK, MD, Edward C GS
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Sharon PA 16146
FILE, MD, James C GP
Linden & Lake Sts
Stoneboro PA 16153
FLAMBERG, MD, Ira W AN
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GARRIOTT, MD, John C DR
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Sharon PA 16146
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GOLDBERG, MD, Richard M ON
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GOLER, MD, K Andrew NS
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Danville PA 17822
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HAROSTOCK, MD, Michael D GS
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HARRINGTON, MD, Thomas M RHU
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BECK, MD, Christine H PM
21St And Lehigh Streets
Easton PA 18042
BECKER, MD, Martin S OBG
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BIRO JR, MD, Frank OBG
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CHAREPOO, MD, Khashaiar U
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CLIFFORD, MD, F David FP
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Two Beaty Court
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FINO, MD, Julius A OBG
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Warren PA 16365
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138 University Manor
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*1934 ..... Moses Behrend, M.D. ..... Philadelphia County
*1935 ..... Alexander H. Colwell, M.D. . Allegheny County
*1936 ..... Maxwell Lick, M.D. ..... Erie County
*1937 ..... Frederick J. Bishop, M.D. ... Lackawanna County
*1938 ..... David W. Thomas, M.D. .... Clinton County
*1939 ..... Charles H. Henninger, M.D. . Allegheny County
*1940 ..... Francis F. Borzell, M.D. .... Philadelphia County
*1941 ..... Lewis T. Buckman, M.D. ..... Luzerne County
*1942 ..... Robert L. Anderson, M.D. ... Allegheny County
*1943 ..... Augustus S. Kech, M.D. .... Blair County
*1944 ..... William Bates, M.D. ..... Philadelphia County
*1945 ..... William L. Estes, Jr., M.D. .. Northampton County
*1946 ..... Howard K. Petry, M.D. ..... Dauphin County
*1947 ..... Elmer Hess, M.D. ..... Erie County
1948 ..... Gilson Colby Engel, M.D. ... Philadelphia County
*1949 ..... E. Roger Samuel, M.D. ..... Northumberland County
*1950 ..... Harold B. Gardner, M.D. ..... Allegheny County
*1951 ..... Louis W. Jones, M.D. ..... Luzerne County
*1952 ..... Theodore R. Fetter, M.D. ... Philadelphia County
*1953 ..... James L. Whitehill, M.D. ..... Beaver County
*1954 ..... Dudley P. Walker, M.D. ..... Northampton County
*1955 ..... Robert L. Schaeffer, M.D. ... Lehigh County
*1956 ..... Elmer G. Shelley, M.D. ..... Erie County
*1957 ..... John W. Shirer, M.D. ..... Allegheny County
*1958 ..... John T. Farrell, Jr., M.D. .... Philadelphia County
1959 ..... Allen W. Cowley, M.D. ..... Dauphin County
*1960 ..... Thomas W. McCreary, M.D. . Beaver County
1961 ..... Daniel H. Bee, M.D. ..... Indiana County
*1962 ..... W. Benson Harer, M.D. ..... Delaware County
1963 ..... Wilbur E. Flannery, M.D. ... Lawrence County
*1964 ..... Richard A. Kern, M.D. ..... Philadelphia County
1965 ..... William B. West, M.D. ..... Huntingdon County
1966 ..... J. Everett McClenahan, M.D. Allegheny County
*1967 ..... John H. Harris, M.D. ..... Dauphin County
1968 ..... George E. Farrar, Jr., M.D. .. Philadelphia County
1969 ..... William A. Barrett, M.D. .... Allegheny County
1970 ..... William A. Limberger, M.D. .. Chester County
1971 ..... George P. Rosemond, M.D. . Philadelphia County
1972 ..... Robert S. Sanford, M.D. ..... Tioga County
*1973 ..... Ralph C. Wilde, M.D. ..... Allegheny County
1974-75 ... A. Reynolds Crane, M.D. ... Philadelphia County
1976 ..... David S. Masland, M.D. .... Cumberland County
1977 ..... William J. Kelly, M.D. ..... Allegheny County
*1978 ..... John V. Blady, M.D. ..... Philadelphia County
1979 ..... John B. Lovette, M.D. ..... Cambria County
1980 ..... Matthew Marshall, Jr., M.D. . Allegheny County
1981 ..... Leroy A. Gehris, M.D. ..... Berks County
1982 ..... Raymond C. Grandon, M.D. . Dauphin County
1983 ..... Michael P. Levis, M.D. ..... Allegheny County
1984 ..... John Y. Templeton III, M.D. . Philadelphia County
1985 ..... D. Ernest Witt, M.D. ..... Columbia County
1986 ..... R. William Alexander, M.D. .. Berks County

* *Deceased*

A

AARON, MD, Cynthia K	Philadelphia
AARONS, MD, Jerome H	Allegheny
AARONSON, MD, Herbert G	Montgomery
ABAD, MD, Raul M	Northampton
ABATE, MD, Joseph A	Luzerne
ABBASI, MD, Soraya	Philadelphia
ABBOTT, MD, Albert J	Luzerne
ABBOTT, MD, Joseph L	Chester
ABDEL-MESSEIH, MD, Adel A	Lycoming
ABDOLLAHIAN, MD, Javad	Philadelphia
ABELL, MD, Debra T	Allegheny
ABELL, MD, Mary T	Lycoming
ABELLA, MD, Romeo S	Delaware
ABER, MD, Robert C	Dauphin
ABERNATHY, MD, Ernest L	Washington
ABERNETHY, MD, Hugh C	Chester
ABGOTT, MD, Michael A	Northampton
ABHYANKAR, MD, Shreedhar P	Indiana
ABIR, MD, Isaac	Bucks
ABLAZA, MD, Sariel G	Philadelphia
ABNER, MONIQUE L	Students
ABOOSI, MD, Ali J	Westmoreland
ABRAHAM, MD, Hans A	Philadelphia
ABRAHAM, JEANETTE M	Students
ABRAHAM, DO, Ronald	Philadelphia
ABRAHAMS, MD, Jonathan I	Cambria
ABRAHAMSEN, MD, Nancy M	Allegheny
ABRAHAMSON, MD, Manford N	Philadelphia
ABRAMOWITZ, MD, Richard P	Luzerne
ABRAMS, MD, Albert D	Lehigh
ABRAMS, MD, Cyril	Philadelphia
ABRAMS, MD, Donald A	Chester
ABRAMS, MD, Peggy L	Philadelphia
ABRAMS, MD, Sondra	Chester
ABRAMSON, MD, Edwin B	Philadelphia
ABRAMSON, MD, John	Delaware
ABRAMSON, MD, Maurice	Philadelphia
ABRANTES, MD, F Jorge	Luzerne
ABRUTYN, MD, Elias	Philadelphia
ABT, MD, Arthur B	Dauphin
ABUL-ELA, MD, Ahmad E	Lawrence
ABUL-ELA, MD, Mohamad	Lawrence
ABUL-FADL, MD, Yahya	Westmoreland
ABURANO, MD, Akio	Allegheny
ACETO, MD, Joseph N	Allegheny
ACKER, CHRISTOPHER G	Allegheny
ACKERMAN, DO, Mark	Philadelphia
ACOSTA, MD, Antonio E	Westmoreland
ACOSTA, MD, Jose R	Jefferson
ACOSTA, MD, William R	Cambria
ADAIR, MD, Dale K	Philadelphia
ADALJA, MD, Ashok N	Butler
ADAM, MD, Alberto L	Philadelphia
ADAMS, MD, D Leslie	Dauphin
ADAMS, MD, David J	Montgomery
ADAMS, MD, Elizabeth M	Dauphin
ADAMS, MD, Jonathan D	Centre
ADAMS, MD, Keith I	Clinton
ADAMS, MD, Laurence J	Lancaster
ADAMS, MD, Lynn I	Franklin
ADAMS, MD, Powell E	Philadelphia
ADAMS, MD, Robert H	Cambria
ADAMS, WILLIAM H	Allegheny
ADAMS III, MD, Ray D	Philadelphia
ADAMSON, MD, William C	Montgomery
ADATEPE, MD, Mustafa H	Allegheny
ADDONIZIO, MD, V Paul	Delaware
ADELIZZI, MD, I Richard	Philadelphia
ADELIZZI, MD, Paul J	Philadelphia
ADELMAN, MD, Bernard P	Philadelphia
ADELMAN, MD, Frederick P	Philadelphia
ADER, MD, Michael H	York
ADIBI, MD, Fereydoon	Bucks
ADKINS, MD, John C	Allegheny
ADKINS, MD, William C	Erie
ADLER, MD, Alan G	Philadelphia
ADLER, DO, Donald J	Bucks
ADLER, MD, Francis H	Philadelphia
ADLER, MD, Jon S	Washington
ADLER, MD, Lawrence N	Allegheny
ADLER, MD, Moshe	Clarion
ADLER, MD, Richard	Philadelphia
ADLIN, MD, Albert	Philadelphia
ADOLF, MD, Ann C	Northampton
ADONI, MD, Leon	Philadelphia
ADRID, MD, Augusto S	Bucks
ADVINCULA, MD, Rizalito B	Clinton
AGARWAL, MD, Amrit	Allegheny
AGARWAL, MD, Nalini	Philadelphia
AGARWAL, MD, Nikhileshwer N	York
AGERTY, MD, Horst A	Philadelphia
AGGARWAL, MD, Shiv S	Cumberland
AGNEW, MD, Edward A	Berks
AGNONE, MD, Peter M	Lackawanna
AGRAWAL, MD, Radeshyam M	Allegheny
AGRO, MD, Angelo S	Philadelphia
AGSTER, MD, Bruce E	Allegheny
AGUILERA, MD, Amelia G	Cambria
AGUILERA, MD, Bonifacio T	Cambria
AGUSTA, MD, Victor E	Lancaster
AHDIEH, MD, Jalal	Philadelphia
AHLSWEDE, KARL M	Students
AHLUWALIA, MD, Harwinder S	Schuylkill
AHMAD, MD, Usman	Allegheny
AHMADINEJAD, MD, Seyedali A	Delaware
AHMED, MD, Adiba S	Allegheny
AHMED, MD, Galal M	Lycoming
AHMED, MD, Niaz	Warren
AHMED, MD, Quzi M	Allegheny
AHMED, MD, Ziauddin	Philadelphia
AHN, MD, Chang-Won	Lancaster
AHONKHAI, MD, Vincent I	Philadelphia
AHRAM, MD, Joseph A	Philadelphia
AHUJA, MD, Subash C	Westmoreland
AICHELE JR, DO, Robert K	Lancaster
AICHER, MD, D Craig	Luzerne
AIELLO, MD, Stephen A	Bucks
AIGNER, MD, William J	Blair
AIKEN, MD, Bradley M	York
AIKEN, MD, Lucille B	Allegheny
AIKEN, MD, Robert D	Philadelphia
AIMETTE, MD, Alexander A	Bucks
AITA, MD, Paul C	Berks
AKBAR, MD, Mohammad M	Schuylkill
AKBARI, MD, Saeed	Bucks
AKSU, MD, Ahmet	Northampton
AL-MATEEN, MD, Kevin B	Delaware
AL-PACHACHI, MD, Jinan T	Jefferson
AL-SAADI, MD, Khaldon	Westmoreland
ALAGIRISWAMI, MD, Krishnaswami	Columbia
ALANDETE, MD, Alvaro	York
ALARCON, MD, J Edgar	Chester
ALAVIZADEH, MD, Rowshan Z	Philadelphia
ALAVIZADEH, MD, Seyed M	Philadelphia
ALBAUGH, MD, Mary A M B	Philadelphia
ALBERGO, MD, Robert P	Lancaster
ALBERICO, MD, Anthony M	Philadelphia
ALBERSTADT, MD, Norbert F	Erie
ALBERT, MD, Seymour M	Philadelphia
ALBERT II, MD, John D	Erie
ALBERTINI, MD, Robert E	Montour
ALBERTS, MD, Nancy K	Beaver
ALBERTSON, MD, Richard P	Montgomery
ALBO, MD, Vincent C	Allegheny
ALBRECHT, MD, James B	Montgomery
ALBRIGHT, MD, Adelbert L	Allegheny
ALBRIGHT, MD, Gerald S	Lancaster
ALBRIGHT, JANET L	Students
ALBRIGHT 3RD, MD, William J	Dauphin
ALBURGER, MD, Philip D	Philadelphia
ALCANTARA, MD, Vicente A	Washington
ALCAREZ, MD, Catherine C	Jefferson
ALCARO, MD, Joseph A	Adams
ALCARO, MD, Joseph F	Adams
ALCID, MD, Feliza A	Chester
ALCOFF, MD, Joel M	Allegheny
ALDAY, MD, Edgardo S	Philadelphia
ALDEN, MD, James C	Montgomery
ALDEN, MARK E	Students
ALDERFER, MD, Arthur J	Bucks
ALDERFER, MD, Gill R	Delaware
ALDERFER, MD, Harold H	Chester
ALDERFER, MD, Kenneth G	Delaware
ALDINGER II, MD, David L	Mifflin/Juniata
ALDISERT, MD, Caesar O	Allegheny
ALDOUS, MD, Thomas W	Dauphin
ALESSI, MD, Carl F	York
ALESSI, MD, Thomas R	Montour
ALEX, NADINE H	Students
ALEXANDER, MD, Charles M	Delaware
ALEXANDER, MD, Fred	Philadelphia
ALEXANDER, MD, George A	Philadelphia
ALEXANDER, MD, Gilbert H	Allegheny
ALEXANDER, MD, John D	Chester
ALEXANDER, MD, Linda S	Montgomery
ALEXANDER, MD, Michael A	Allegheny
ALEXANDER, MD, R William	Berks
ALEXANDER, MD, Raymond S	Lehigh
ALEXANDER, MD, Roland R	Dauphin
ALEXANDER JR, MD, John D	Philadelphia
ALEXANDERIAN, MD, Harry A	Luzerne
ALEXANDRE, MD, Journel	Montgomery
ALFALLA, CELIA	Students
ALFANO, DO, Samuel L	Lackawanna
ALFONSO, MD, Gabriel A	Montgomery
ALGAZY, MD, Kenneth M	Montgomery
ALHASHIMI, MD, Maher B	Allegheny
ALI, MD, Abu N	Westmoreland
ALI, MD, Mohammad I	Lawrence
ALIKAKOS, MD, Louis C	Delaware
ALIOTTA, MD, Armand A	Bradford
ALISUAG, MD, Restituto M	Philadelphia
ALLAN, MD, David A	Philadelphia
ALLAN, MD, Mary B	Chester
ALLANIGUE, MD, Rogelio M	Erie
ALLCOCK, MD, Jennifer A	Philadelphia
ALLEN, MD, Amy J	Philadelphia
ALLEN, MD, Chris M	Allegheny
ALLEN, MD, Dennis	Susquehanna
ALLEN, MD, Harold Y	Franklin
ALLEN, MD, Hugh L	Erie
ALLEN, MD, John E	Jefferson
ALLEN, MD, Richard	Dauphin
ALLEN, MD, Robert E	Northumberland
ALLEN, MD, Robert L	Bradford
ALLEN, MD, Robert W	Mercer
ALLEN, DO, Steven K	Montgomery
ALLEN, MD, Thomas E	Allegheny
ALLEN JR, MD, Herbert V	Cambria
ALLEN JR, MD, Samuel D	Delaware
ALLEY, MD, Albert A	Lebanon
ALLEY, MD, Ali A	Columbia
ALLEY, MD, Richard A	Luzerne
ALLEY, MD, Samie A	Berks
ALLINGHAM, DO, Larry A	York
ALLISON, MD, James H	Adams
ALLISON, MD, Nancy L	Montgomery
ALLISON, MD, Wesley C	Allegheny
ALLISON JR, MD, A Reid	Centre
ALLOY, DO, Curtis A	Philadelphia
ALLYN, MD, Russell E	Dauphin
ALMALLAH, MD, Ahmad Y	Westmoreland
ALMALLAH, MD, Shadiya	Westmoreland
ALMARIA, MD, Hermenegildo H	Luzerne
ALMASHAT, MD, Ala A	Columbia
ALMAZAN, MD, Antonio C	Lehigh
ALMQUIST, MD, John F	Erie
ALOSI, MD, Anthony J	Philadelphia
ALPERN, MD, A Nathan	Allegheny
ALPERT, MD, Barry L	Allegheny
ALPERT, MD, Charles B	Philadelphia
ALPERT, MD, Jeffrey R	York
ALPERT, MD, Marc H	Montgomery
ALPERT, MD, Norman P	Montgomery
ALPERT, MD, Richard E	Montgomery
ALTAKER, MD, Lawrence L	Dauphin
ALTER, MD, Milton	Philadelphia
ALTHOUSE JR, MD, L Bruce	Dauphin
ALTIMARE, MD, Peter J	Lancaster
ALTLAND, MD, Robert C	York
ALTMAN, MD, Arthur A	Northampton
ALTMAN, MD, Brian D	Montgomery
ALTMAN, MD, Harold A	Armstrong
ALTMAN, MD, Kevin C	Allegheny
ALTMAN, MD, Louis	Allegheny
ALTMAN, MD, Sidney I	Montgomery
ALTMAN, MD, Wanda	Allegheny
ALTMAN JR, MD, Richard S	Lancaster
ALTOBELLI, MD, John A	Lehigh
ALTOMARE JR, MD, Frank J	Lehigh
ALTOMONTE, MD, Joseph F	Montgomery
ALTSCHULER, MD, Stanley L	Philadelphia
ALVEAR, MD, Domingo T	Dauphin
ALVEAR, MD, Veneranda B	Dauphin
AMACHER, MD, Howard C	Erie
AMADIO, DO, Angelo E	Clarion
AMADIO, MD, Julio J	Montgomery
AMADIO JR, MD, Peter	Philadelphia
AMBANI, MD, Narendra V	Carbon
AMBRAD, MD, Antonio J	Allegheny
AMBROSE, MD, C Huber	Westmoreland
AMBROSE, MD, David N	Potter
AMBROSE, MD, Julius W	Allegheny
AMBRUSO, MD, Victor T	Luzerne
AMEND, MD, Thomas C	Lancaster
AMENDOLA, MD, Beatriz E	Philadelphia
AMENTA, MD, Peter S	Philadelphia
AMENTLER, MD, John P	Luzerne
AMIDON, MD, Charles S	Montgomery
AMIN, MD, Atul K	Northampton
AMIN, MD, Bipin R	Montgomery
AMINA, MD, Suresh P	Lawrence
AMMER, MD, John L	Allegheny
AMMON, MD, John R	Allegheny
AMRHEIN, MD, Regis A	Allegheny
AMROM, MD, George J	Philadelphia
AMSBAUGH, MD, Glenn A	York
AMSHEL, MD, Albert L	Allegheny
AMSLER JR, MD, Fred R	Lycoming
AMSTER, DO, Norman H	Montgomery
AMSTERDAM, MD, Gerald H	Philadelphia
AMUSO, MD, Samuel J	Dauphin
AMYGDALOS, MICHAEL A	Students
ANANIA, FRANK A	Allegheny
ANANTHA-RAMAN, MD, Ambale S	Allegheny
ANDAL, MD, Andres H	Montgomery
ANDERKO, MD, Frank T	Lehigh
ANDERSEN, DONALD H	Students
ANDERSEN, MD, Edwin	Montgomery
ANDERSEN, MD, Thomas W	Lancaster
ANDERSON, MD, Alice M	Philadelphia
ANDERSON, MD, Arlo C	Montgomery
ANDERSON, MD, C Lynn V	Delaware
ANDERSON, MD, Carolyn H	Allegheny
ANDERSON, MD, Claus L	Allegheny
ANDERSON, MD, Halette L	Philadelphia
ANDERSON, MD, Herbert H	Allegheny
ANDERSON, MD, John B	Berks
ANDERSON, MD, John R	Northampton
ANDERSON, MD, Joseph B	Allegheny
ANDERSON, MD, Richard E	Allegheny
ANDERSON, MD, Roger D	Philadelphia
ANDERSON, MD, Victor S	Westmoreland
ANDERSON, MD, William C	Venango
ANDERSON, MD, William L	Allegheny
ANDERSON, MD, William M	Dauphin
ANDERSON III, MD, John D	Montgomery
ANDERSON JR, MD, Lyle F	Dauphin
ANDERSON JR, MD, William H	Erie
ANDO, MD, Teodoro A	Lycoming
ANDREOZZI, MD, Robert J	Lebanon
ANDREW-JAJA, MD, Carey D	Allegheny
ANDREWS, MD, A Thomas	Dauphin
ANDREWS, MD, Joseph F	Montour
ANDREWS, MD, Paul J	Luzerne
ANDREWS, MD, Percy J	Dauphin
ANDREWS, MD, Peter J	Luzerne
ANDREWS, MD, Ronald P	Montgomery
ANDREWS, MD, Waverly S	Philadelphia
ANDREWS III, MD, Willard G	Montgomery
ANDRIES, MD, Raymond C	Delaware
ANDRIES, MD, Raymond M	Montgomery
ANDRIOLA, MD, Frank J	Dauphin
ANDRIOLE, MD, Gerald L	Luzerne
ANDRIOLE, DO, James M	Clinton
ANDRIOLE, MD, Joseph P	Lackawanna
ANDRIS, DO, Joseph J	Delaware
ANDRONICO, DO, Kenneth C	Bucks
ANDROSKI, MD, John J	Lackawanna
ANDRUCZYK, DO, Eugene	Philadelphia
ANDRZEJEWSKI JR, MD, Chester	Delaware
ANDUJAR, MD, Edward M	Philadelphia
ANEJA, MD, Krishan K	Lackawanna
ANEJA, MD, Surinder K	Allegheny
ANGELO, MD, John J	York
ANGIULLI, MARCIA	Allegheny
ANGLE, MD, William D	Lycoming
ANGLES, MD, Carmen	Philadelphia
ANGSTADT JR, MD, Paul N	Montgomery
ANGULO, MD, Armand J	Franklin
ANGUS, MD, Leslie R	Montour
ANISTRANSKI, JOSEPH A	Students
ANKER, MD, Peter M	Dauphin
ANNESE, DO, Joseph S	Lancaster
ANNESLEY JR, MD, William H	Delaware
ANNEST, MD, Stephen J	Bradford
ANNI, MD, Jane G O	Dauphin
ANNON JR, MD, Walter T	Philadelphia
ANOLIK, MD, Miriam O	Philadelphia
ANOLIK, MD, Mitchell A	Philadelphia
ANSELMI, MD, Lanning A	Luzerne
ANSON, MD, Peter M	Lehigh
ANTALIK, MD, Paul E	Allegheny
ANTEMANN, MD, Richard W	Cambria
ANTENSON, MD, Charles M	Philadelphia
ANTHONY, MD, Alfred	Somerset
ANTHONY, MD, John A	Montgomery
ANTHONY, MD, Jonathan M	Venango
ANTHONY, MD, Mark S	Dauphin
ANTI, MD, Alvise G	Allegheny
ANTICO, MD, Dominic A	Beaver
ANTKOWIAK, MD, Thomas L	Venango
ANTOGNOLI, MD, William J	Lackawanna
ANTONCIC, MD, Rudolph A	Allegheny
ANTONIADES, MD, John	Philadelphia
ANTONUCCI, MD, Donna L	Montgomery
ANTOON, DO, Michael S	Erie
ANTOON JR, MD, Saleem J	Westmoreland
ANTOS, MD, John M	Bradford
ANTOS, MD, Thomas J	Allegheny
ANTYPAS, MD, Philip G	Allegheny
ANZALONE, MD, Angelo A	Luzerne
AOUN, MD, Kamal H	Venango
APFELBAUM, MD, Jay H	Northampton
APPEL, MD, John W	Philadelphia
APPLE, RICHARD J	Allegheny
APPLEBAUM, RICHARD J	Students
APPLEGATE, DO, David J	Beaver
APPLEGATE, MD, Gerald B	Allegheny
APPLESTEIN, MD, Bruce	Bucks
APTON, MD, Jeffrey H	Allegheny
AQUILINO, MD, James F	Erie
AQUINO, MD, Edwin A	Dauphin
ARANGIO, MD, George A	Lehigh
ARANO, MD, Leonardo V	Montgomery
ARANSON, MD, Robert	Philadelphia
ARAVABHUMI, MD, Srinivas	Philadelphia
ARAVENA, MD, Ernesto B	Allegheny
ARAYA, MD, Fernando	Luzerne
ARBITMAN, MD, Michael	Beaver
ARBOGAST JR, MD, John W	Union
ARBOGAST SR, MD, John W	Union
ARCH JR, MD, Francis J	Allegheny
ARCILLA, MD, Juanita R	Allegheny
ARD, MD, Robert S	Allegheny
ARDISON, MD, Gary W	York
ARDITO, MD, Joseph M	Delaware
ARDIZONE, MD, Rohlo A	Bucks
ARENTSEN, MD, Juan J	Philadelphia
AREZA, MD, Pablo R	Fayette
ARGENIO, MD, Sandra L	Montour
ARGENTINE JR, MD, Robert P	Allegheny
ARGER, MD, Peter H	Philadelphia
ARGIRES, MD, James P	Lancaster
ARGUMEDO, MD, Victor A	Allegheny
ARGYROS, GREGORY J	Allegheny
ARISUMI, MD, Susan K	Montour
ARKLESS, MD, Henry A	Philadelphia
ARMANIOUS, MD, Adel W	Westmoreland
ARMAO, MD, Joseph J	Delaware
ARMEN, MD, Robert N	Allegheny
ARMENTO, MD, Donald F	Philadelphia
ARMFIELD III, MD, Samuel L	Allegheny
ARMITAGE, MD, Harry V	Delaware
ARMOUR, MD, William S	Philadelphia
ARMSTRONG, MD, B Irene	Elk/Cameron
ARMSTRONG, MD, Schuyler S	Delaware
ARMSTRONG, MD, Thomas A	Montgomery
ARMSTRONG, MD, Thomas S	Cumberland
ARNAO, MD, James	Philadelphia
ARNDT, MD, James L	Berks
ARNER, MD, Raymond H	Northampton
ARNHEIM, MD, Falk K	Allegheny
ARNO, MD, Irvin C	Philadelphia
ARNO, MD, J Thomas	Crawford
ARNOLD, MD, George L	Allegheny
ARNOLD, MD, John J	Clearfield
ARNOLD, LAURA S	Allegheny
ARON, MD, Gene	Philadelphia
ARONIN, MD, Tsodik	Philadelphia
ARONSON, MD, Jerold M	Philadelphia
ARONSON, MD, Morton L	Allegheny
ARONSON, MD, Susan S	Philadelphia
ARONSTAM, MD, Robert H	Bradford
ARORA, MD, Ramesh	Cumberland

ARORA, MD, Subhash C	Lackawanna
AROUH, MD, Albert	Delaware
ARRISUENO, MD, Juan A	Somerset
ARSHT, MD, Edwin D	Delaware
ARTABANE, MD, Thomas A	Lackawanna
ARTIS, MD, Cathy J	Allegheny
ARTUSO, MD, Frank B	Allegheny
ARTZ JR, DO, William J	Philadelphia
ARUMUGARAJAH, MD, Kanagasabapath	Adams
ASAM, MD, Bruce A	Philadelphia
ASBELL, MD, Sucha O	Philadelphia
ASCANIO, MD, Guido	Delaware
ASEEM, MD, Wali M	Jefferson
ASH, MD, S Russell	Montgomery
ASHBAUGH, MD, William H	Butler
ASHBY, MD, John D	Franklin
ASHMAN, MD, George S	Cambria
ASHOK, MD, Puducheri S	Allegheny
ASHWORTH, MD, Halbert E	Berks
ASKAR, MD, F	Philadelphia
ASKENASE, MD, Alan D	Berks
ASKIN, MD, Ralph J	Allegheny
ASKIN, MD, Stanley R	Centre
ASKINAS, MD, Alan M	Chester
ASLAM, MD, Azar	Crawford
ASLAM, MD, Mohammad	Schuylkill
ASNANI, MD, Mithlesh G	Lehigh
ASO, MD, Orlando A	Carbon
ASPEN, MD, Nelson P	Chester
ASSANASEN, MD, Benja V	Westmoreland
ASSANASEN, MD, Charin	Westmoreland
ASSAR, MD, Suda P	Cambria
ATHANI, MD, Vijay S	Allegheny
ATKIN, MD, David H	Allegheny
ATKINS, DO, Anita H	Montgomery
ATKINS, MD, John L	York
ATKINS, MD, William R	Philadelphia
ATKINS JR, MD, Joseph P	Philadelphia
ATKINSON, MD, Nolan N	Montgomery
ATKINSON, MD, Whittier C	Chester
ATLEE, MD, William A	Lancaster
ATNIP, MD, Robert G	Dauphin
ATRI, MD, Srinivas S	Bucks
ATWELL, DO, Grant E	Somerset
ATWELL, MD, Robert B	Allegheny
ATWELL II, DO, Grant E	Somerset
AU, MD, Francis C	Philadelphia
AU, MD, Victor K	Dauphin
AUCH, MD, Ella M	Northampton
AUDAY, MD, Jose H	Philadelphia
AUERBACH, MD, Herman L	Luzerne
AUERBACH, DO, Jeffrey C	Wayne/Pike
AUERBACH, MD, Mark H	Northampton
AUERBACH, DO, Robert S	Philadelphia
AUGELLI-HODOR, DO, Linda P	Northampton
AUGHINBAUGH, MD, Thomas H	Clearfield
AUGSBURGER, MD, James J	Philadelphia
AUGUSTINE, MD, Joseph P	Allegheny
AURAND, MD, Eleanor M	Mifflin/Juniata
AURANDT, MD, Henry N	Berks
AURE, MD, Horacio S	Allegheny
AURIGEMMA, MD, Gerard P	Philadelphia
AUSLANDER, MD, James L	Allegheny
AUSTIN, MD, Edward M	Allegheny
AUSTIN, MD, George L	Westmoreland
AUSTIN, JAMES A	Allegheny
AUSTRIAN, MD, Robert C	Philadelphia
AVANCENA, MD, Edgardo P	Montgomery
AVELLA, MD, Bernard N	Berks
AVELLINO, MD, Joseph D	Philadelphia
AVENIA, MD, Ronald J	Columbia
AVERSA, MD, Nicholas	Philadelphia
AVERSA JR, MD, Zefferino A	Philadelphia
AVNER, MD, David L	Greene
AWAD, MD, Latif L	Montour
AWAN, MD, Ihsan-Ul H	Allegheny
AWAN, MD, Rashid A	Cambria
AXELROD, MD, Budd B	Philadelphia
AXELROD, DO, Norman M	Lancaster
AXELROD, MD, Rita S	Philadelphia
AXELSON, MD, Alan A	Allegheny
AXLINE, DAVID R	Allegheny
AYDIN, MD, Kemalettin	Carbon
AYE, MD, J Thomas	Mercer
AYERLE, MD, Robert S	Philadelphia
AYERS, MD, Lloyd R	Blair
AYERS JR, MD, William H	Delaware
AYLWARD, MD, John J	Chester
AYNARDI, MD, J Marc	Berks
AYOUB, MD, William T	Mifflin/Juniata
AYRES, MD, John A	Blair
AYRES, MD, William W	Fayette
AYULO, MD, Marco A	Mercer
AZAR, MD, Albert A	York
AZAR, MD, Reza R	Philadelphia
AZCONA, MD, Oscar C	Washington
AZER, MD, Magdi S	Cambria
AZIMI, MD, Jaleh	Philadelphia
AZIZ, MD, Abdulrab	Allegheny
AZIZKHAN, MD, Reza G	Dauphin

B

BAADE, MD, Ernest A	Mifflin/Juniata
BABACZ, MD, Teofil	Chester
BABB, MD, Terrence E	Lancaster
BABCOCK, MD, John R	Centre
BABIGIAN, MD, Armen T	Philadelphia
BABIN, MD, Roman A	Elk/Cameron
BABU, MD, Vallabhaneni S	Washington
BABULA, MD, Bruce E	Luzerne
BACAK, MD, Joseph F	Northampton
BACASTOW, MD, Merle S	York
BACCASH, MD, Patricia D	Philadelphia
BACESKI, MD, Deborah A	Somerset
BACH, MD, William G	Beaver
BACHARACH, MD, Benjamin	Philadelphia
BACHIR, MD, Simon G	Erie
BACHMAN, MD, William H	Lancaster
BACHMANN, MD, Lawrence C	Allegheny
BACKENSTOSE, MD, Daniel L	Dauphin
BACKES, MD, Celso L	Potter
BACON, MD, Richard W	Lancaster
BADAWI, MD, Radwan A	Lackawanna
BADER, MD, William	Allegheny
BADIALI, MD, S Charles	Washington
BADILLO, MD, Pedro F	Allegheny
BADMAN, MD, Dennis S	Lancaster
BADOLATO, MD, David J	Montgomery
BAER, GERALD R	Students
BAER, MD, Samuel	Philadelphia
BAERTL, MD, Juan M	York
BAEZ, MD, Raymond C	Allegheny
BAGHAI-NAIINI, MD, Parviz	Allegheny
BAHL, MD, Mohinder M	Allegheny
BAHL, MD, Vijay K	Allegheny
BAHNMILLER, MD, Edwin C	Luzerne
BAIL, MD, Harry	Philadelphia
BAILEY, JAMES L	Students
BAILEY, MD, Nelson J	Mercer
BAILEY, MD, Stephen R	Allegheny
BAILEY, MD, William R	Allegheny
BAILEY III, DO, John H	Crawford
BAILEY JR, MD, John H	Crawford
BAILEY JR, MD, Robert S	Montgomery
BAIO, MD, Michael V	Delaware
BAIR, MD, Charles W	Lancaster
BAIR, MD, Edward H	Dauphin
BAIR, MD, Jeffrey F	Monroe
BAIR, MD, Robert C	Tioga
BAIR, MD, Victor W	Washington
BAIR, MD, William L	Allegheny
BAIRD, MD, Edward F	Lancaster
BAIRD, MD, James W	Allegheny
BAIRD, MD, Robert J	Lancaster
BAIRD, MD, Robert M	Monroe
BAISAS, MD, Roger C	Bucks
BAJAJ, MD, Rajiv K	Lackawanna
BAJOREK, MD, Edward J	Erie
BAJWA, MD, Jagdeep K	Westmoreland
BAJWA, MD, Surinder S	Westmoreland
BAKER, MD, Carol C	Allegheny
BAKER, MD, Everett M	Allegheny
BAKER, MD, Graeme C	Erie
BAKER, MD, Jeffrey H	Centre
BAKER, MD, Kenneth M	Montour
BAKER, KYLE A	Allegheny
BAKER, MD, Linda J	Philadelphia
BAKER, MARK D	Students
BAKER, MD, Marvin P	Butler
BAKER, MARY-THERESA	Students
BAKER, MD, R J	Allegheny
BAKER, MD, Robert H	Mercer
BAKER, MD, Robert L	Allegheny
BAKER, MD, Roy F	Centre
BAKER, MD, Stephen D	Allegheny
BAKER, MD, Thomas E	Luzerne
BAKER, MD, Walter J	Allegheny
BAKER II, DO, Robert L	Allegheny
BAKER JR, MD, Arthur G	Delaware
BAKER JR, MD, George W	Franklin
BAKEWELL, MD, Frank S	Washington
BAKKEN, MD, William W	Lancaster
BAKSHI, MD, Kalind R	Philadelphia
BAKSHI, MD, Kinnari K	Bucks
BALABAN, MD, Donald J	Philadelphia
BALARAMAN, MD, Govindachetty	Franklin
BALASH, MD, William R	Armstrong
BALASUBRAMANIAN, MD, Easwaran	Philadelphia
BALCHANDANI, MD, Rajkumari B	Philadelphia
BALCITA, MD, Arthur L	Westmoreland
BALCITA JR, MD, Angel B	Westmoreland
BALDERACH, MD, Ronald R	Lawrence
BALDERSTON, MD, Richard A	Philadelphia
BALDERSTON, VIRGINIA M	Allegheny
BALDIA, MD, Liveo B	Columbia
BALDINO, MD, William A	Lackawanna
BALDWIN, MD, Thomas M	Beaver
BALES, MD, Charles R	Erie
BALIKIAN, MD, Manuel	Lancaster
BALIN, MD, Arthur K	Delaware
BALIN, MD, Benjamin R	Delaware
BALIN, MD, Solomon L	Philadelphia
BALING, MD, Larry E	Mercer
BALIS, MD, Sol	Delaware
BALISTOCKY, MD, Marvin H	Montgomery
BALK, MD, Philip	Allegheny
BALKANY, MD, Andrew F	Dauphin
BALKANY, MD, Christopher K	Lancaster
BALL, MD, William L	Warren
BALLANTINE, MD, Thomas V N	Dauphin
BALLANTYNE, MD, James V	Allegheny
BALLARD, MD, Ian M	Montgomery
BALLEK, MD, Ronald E	Philadelphia
BALLENTINE, MD, George N	Lycoming
BALLENTINE, MD, Rudolph M	Wayne/Pike
BALLS, MD, Kent F	Montgomery
BALMASEDA, MD, Ofelia B	Philadelphia
BALMASEDA, MD, Philip F	Philadelphia
BALOGH JR, MD, Robert J	Philadelphia
BALOURIS, CONSTANTINE A	Allegheny
BALSAMO, MD, Anthony J	Philadelphia
BALSARA, MD, Rohinton K	Philadelphia
BALSBAUGH, MD, George T	Dauphin
BALSHI, MD, Stephen F	Northampton
BALTZ, MD, Richard D	Dauphin
BALTZELL, MD, William H	Philadelphia
BALZ, MD, Thomas P	Montour
BAMBERGER, MD, Grant W	Chester
BAMBERGER, MD, John A	Lebanon
BAMONT, MD, Anthony J	Philadelphia
BAMONTE, MD, Edward L	Allegheny
BANCOFF, MD, Carl	Philadelphia
BANCROFT, MD, Edith D	Montgomery
BANCROFT, MD, Peggy L	Philadelphia
BAND, MD, Philip T	Philadelphia
BANDARANAYAKE, MD, Nisantha M	Westmoreland
BANDARANAYAKE, MD, Piching	Allegheny
BANDINI JR, MD, Paul J	Philadelphia
BANE, MD, Denis M	Schuylkill
BANERJI, MD, Barun	Luzerne
BANERJI, MD, Sipra	Luzerne
BANEY JR, MD, Charles M	Berks
BANK, MD, Arnold A	Philadelphia
BANK, MD, R Stanley	Dauphin
BANKA, MD, Reena S	Philadelphia
BANKACI, MD, Murat	Westmoreland
BANKOWITZ, MD, Richard A	Allegheny
BANMILLER, MD, James D	Montgomery
BANNER, MD, Marc P	Philadelphia
BANNER, MD, Ronald S	Philadelphia
BANNISTER JR, MD, William B	Lawrence
BANNON, MD, Charles J	Lackawanna
BANOGON, MD, Marietta A	Dauphin
BANSAL, MD, Harinder K	Philadelphia
BANSBACH, MD, Jean M	Philadelphia
BANSBACH, MD, William A	Philadelphia
BANSIDHAR, MD, Bhadrasine	Beaver
BANTLEY JR, MD, David S	Philadelphia
BANTLY, MD, Harry C	Jefferson
BANTLY, MD, Victor S	Cambria
BANZHOFF, MD, Gordon K	Dauphin
BAQUERO, MD, Ashley	Philadelphia
BAQUERO-BUENO, MD, Mario R	Washington
BAR, MD, Allen H	Philadelphia
BARAD, MD, Roxana F	Allegheny
BARAFF, MD, Robert	Allegheny
BARAKAT, MD, Adel R	Lackawanna
BARAN, MD, Ernest M	Montgomery
BARAN, MD, James J	Philadelphia
BARANSKI, MD, Edward J	Adams
BARATZ, MD, Burton H	Philadelphia
BARBA III, MD, William P	Bucks
BARBER, MD, James J	Allegheny
BARBER, MD, John V	Westmoreland
BARBER, MD, Lee A	Philadelphia
BARBER, MD, Margaret	Philadelphia
BARBIERI, MD, Edward A	Philadelphia
BARBO, MD, Dorothy M	Philadelphia
BARBOUR, MD, Peter J	Lehigh
BARCLAY, MD, Clayton C	Schuylkill
BARCLAY JR, MD, Clayton C	Montgomery
BARD, MD, Joseph L	Montgomery
BARDAWIL, MD, Lawrence W	Lehigh
BARDZIL, MD, Joseph W	Washington
BARENBAUM, MD, Daniel H	Philadelphia
BARENBERG, MD, Paul A	Chester
BARG, MD, Ronald B	Montgomery
BARILLA, MD, Donald E	Lehigh
BARKER, MD, Clyde F	Philadelphia
BARKER, MD, Richard G	Philadelphia
BARLEY, MD, Samuel B	Jefferson
BARLOW, MD, Anne L	Montgomery
BARLOW JR, MD, Robert A	Philadelphia
BARMADA, MD, Bicher	Allegheny
BARNA, MD, Nicholas J	Montgomery
BARNABY JR, MD, Arthur J	Philadelphia
BARNES, MD, Anne U	Philadelphia
BARNES, MD, Ben C	Lehigh
BARNES, MD, Robert F	Blair
BARNES, MD, W Stephen	Centre
BARNES, MD, William J	Allegheny
BARNES, MD, William T	Centre
BARNES, MD, Willis C	Lackawanna
BARNES II, MD, Arthur E	Westmoreland
BARNETT, MD, Alan J	Allegheny
BARNETT, MD, E Michael	Allegheny
BARNHART, MD, Arthur D	Westmoreland
BARNHART, MD, Mary L	York
BARNHOUSE, MD, David H	Allegheny
BARNOSKI, MD, John F	Dauphin
BAROLAT-ROMANA, MD, Giancarlo	Philadelphia
BARON, MD, Arthur M	Montgomery
BARON, MD, John	Allegheny
BARON, MD, Raymond C	Philadelphia
BARON, MD, Scott L	Allegheny
BARON JR, MD, Andrew J	Lackawanna
BARONE, MD, Anthony	Lehigh
BARONE, MD, Samuel F	Allegheny
BAROWSKY, MD, R Thomas	Mifflin/Juniata
BARR, MD, Gary A	Allegheny
BARR, MD, Harry J	Delaware
BARR, MD, Richard G	Delaware
BARR, MD, Samuel S	Philadelphia
BARR, MD, V Ward	Lancaster
BARR, MD, William B	Lehigh
BARR JR, MD, James H	Allegheny
BARRAS, MD, David I	Luzerne
BARRER, MD, Mitchell J	Bucks
BARRER, MD, Steven J	Philadelphia
BARRERA, MD, Anthony M	Allegheny
BARRETT, MD, George S	Northampton
BARRETT, MD, James P	Berks
BARRETT, MD, John S	Berks
BARRETT, MD, Judith N	Lehigh
BARRETT, MD, Michael J	Philadelphia
BARRETT, MD, Robyn L	Philadelphia
BARRETT, MD, Stephen J	Lehigh
BARRETT, MD, William A	Allegheny
BARRINGER, MD, Lydia R	Philadelphia
BARRIOS, MD, Antonio	Philadelphia
BARRIOS, MD, Mario F	Berks
BARRIS, MD, Bruce J	Bucks
BARRIST, MD, Ellis M	Philadelphia
BARRY, MD, William E	Philadelphia
BARRY, MD, William J	Chester
BARSOUM, MD, Adib H	Westmoreland
BARTAL, SHARON A	Students
BARTGES, MD, John D	Lancaster
BARTH, MD, Maury C	Allegheny
BARTHO, MD, Blaine F	Perry
BARTHOLOMEW, MD, William W	Greene
BARTLE JR, MD, Harvey	Montgomery
BARTLETT, MD, Glen S	Dauphin
BARTLETT JR, MD, Frederick H	Montgomery
BARTLEY III, R FARL	Students
BARTO, MD, Jack W	Cambria
BARTOLET, MD, Terry L	Northampton
BARTOLETTI, MD, Stefano C	Allegheny
BARTON, MD, Diane	Philadelphia
BARTON, MD, F Jane	Dauphin
BARTON, MD, James C	Franklin
BARTON, MD, John O	Dauphin
BARTON, MD, Mary C	Dauphin
BARTON, MD, Robert L	Lebanon
BARTOS, MD, Joseph E	Northampton
BARTOS, MD, Sylvia A	Washington
BARTOSIK, MD, Delphine B	Philadelphia
BARTUSIS, MD, Mary A	Bucks
BARTUSKA, MD, Doris G	Philadelphia
BARUA, MD, Subrata P	Westmoreland
BARUSEWYCZ, MD, Sr Maria N	Philadelphia
BARZYK, MD, Peter P	Erie
BASAK, MD, Bijan K	Potter
BASEMAN, DO, Donald A	Montgomery
BASHARA, MD, Thomas J	Lawrence
BASHLINE, DO, Bruce S	Dauphin
BASHLINE, MD, Don L	Mercer
BASHLINE, MD, H Woodrow	Mercer
BASHORE JR, MD, Robert M	Lancaster
BASILE, MD, Joseph	Blair
BASKA, MD, John K	Beaver
BASOM, MD, Donald E	Mifflin/Juniata
BASS, MD, Eric B	Allegheny
BASSALY, MD, Rifaat R	Lawrence
BASSERT, MD, David E	Bucks
BASSETT, DO, Harold W	Lycoming
BASSETT, MD, James G	Philadelphia
BASSILIOS, MD, Fouad A	Allegheny
BAST, MD, William R	Adams
BASTIAN, MD, Grace A	Philadelphia
BASTIAN, MD, James R	Lycoming
BATCHELDER, MD, Barron M	Berks
BATCHELET, DO, Richard B	Delaware
BATES, MD, James S	Montour
BATES JR, MD, Ollice	Montour
BATHON II, MD, G Howard	Fayette
BATHRICK, MD, Charles E	Erie
BATIPPS JR, MD, Percy O	Delaware
BATLUCK, DO, David J	Lackawanna
BATOFF, MD, Milton A	Philadelphia
BATORY, MD, Katherine H	Centre
BATRA, MD, Preet M	Philadelphia
BATTAFARANO, MD, Leonard A	Philadelphia
BATTAFARANO, MD, Nicholas C	Chester
BATTERTON, MD, Thomas D	Philadelphia
BATTISTA, MD, Frank J	Dauphin
BATTS JR, MD, James A	Philadelphia
BATZER, MD, Frances R	Philadelphia
BAUDER, MD, Elizabeth S	Lehigh
BAUER, MD, Frank L	Allegheny
BAUER, MD, James E	Armstrong
BAUER, MD, John A	Armstrong
BAUER, MD, Robert L	Lebanon
BAUER, MD, Thomas L	York
BAUER, MD, William F	Allegheny
BAUERSFELD, MD, S Richard	Allegheny
BAUGH, MD, Wilfreta G	Philadelphia
BAUM, MD, Edgar S	Lehigh
BAUM, MD, Neil B	Venango
BAUM, MD, Sheldon F	Delaware
BAUM, MD, Stanley	Philadelphia
BAUM-BARVIE, MD, Alicia	Westmoreland
BAUMAN, MD, Dorothy H	Allegheny
BAUMAN, MD, Thomas W	Lawrence
BAUMANN, MD, Brenda K	Clearfield
BAUMANN, MD, Thomas L	Clearfield
BAUMGARTEL, MD, Ira E	Allegheny
BAUSCH, MD, Andrew N	Philadelphia

BAUSCH, MD, Richard D	Lehigh
BAUSCH JR, MD, Frederick R	Lehigh
BAUTISTA, MD, Florante G	Carbon
BAUTISTA, MD, Primo V	Westmoreland
BAUZON, MD, Narciso C	Schuylkill
BAVER, MD, George A	Montgomery
BAXTER, MD, John A	Montour
BAYANI JR, MD, Eladio Y	Westmoreland
BAYER, DO, Jay D	Franklin
BAYER, MD, Joseph F	Washington
BAYLISS, GAIL A	Students
BAYLOR, MD, Richard D	Lehigh
BAYNE, MD, Gilbert M	Philadelphia
BAYRI, MD, Mehmet F	Lehigh
BAYUK, MD, John D	Mercer
BAZMI, MD, Hassan	Allegheny
BAZMI, MD, Neptune Kasraie	Allegheny
BAZYLAK, MD, Robert A	Crawford
BAZZOUI, MD, Widad	Mckean
BEACH, MD, John E W	Dauphin
BEACHER JR, MD, George W	Lancaster
BEACHLER, MD, John S	Allegheny
BEACHY, MD, Ivan E	Cumberland
BEACHY, MD, Stanley C	Cumberland
BEALE, MD, Benjamin R	Dauphin
BEALER, MD, John D	Northampton
BEAM, DO, Walter D	Westmoreland
BEAN, MD, Carl B	Butler
BEANE, MD, Howard C	Dauphin
BEARD, DENISE M	Allegheny
BEARDWOOD, MD, Donald M	Montgomery
BEATTY, MD, Albert C	Philadelphia
BEATTY, MD, Ralph P	Allegheny
BEAUCHAMP JR, MD, Eugene W	Philadelphia
BEAUDREAU, MD, David G	Allegheny
BEAUGARD, MD, Mark E	Chester
BEAUSANG, MD, Thomas	Schuylkill
BEAVEN, MD, Barry J	York
BEAVER, MD, Warren J	Erie
BECER, MD, Mark E	Montgomery
BECK, MD, Aaron T	Philadelphia
BECK, MD, Allan G	Philadelphia
BECK, MD, Bonny L	Montour
BECK, MD, Christine H	Northampton
BECK, MD, Gerald	Erie
BECK, MD, Jan	Bradford
BECK, DO, Jonathan E	Montgomery
BECK, MD, Sidney	Philadelphia
BECK, MD, William C	Bradford
BECK JR, MD, William C	Montgomery
BECK JR, MD, William W	Philadelphia
BECKER, MD, Bruce	Columbia
BECKER, MD, Carl K	Lebanon
BECKER, MD, Hilary J	Lancaster
BECKER, MD, Irwin	Philadelphia
BECKER, MD, Joseph M	Philadelphia
BECKER, MD, Keith R	Montour
BECKER, LYNNE E	Students
BECKER, MD, Martin S	Northampton
BECKER, MD, Sandra J	Delaware
BECKER, MD, Stephen E	Blair
BECKER, MD, Ward G	Berks
BECKMAN, EVAN M	Students
BECKMAN, DO, Irwin	Allegheny
BECKMAN, MD, William R	Adams
BECKWITH, MD, William R	Delaware
BEDDINGS, MD, Alejandro	Philadelphia
BEDELL, MD, Alan N	Allegheny
BEDFORD, MD, Richard A	Philadelphia
BEDGER JR, MD, Richard C	Allegheny
BEDNAREK, MD, Joseph M	Philadelphia
BEDNAREK, MD, Thomas F	Bradford
BEDNARSKI, MD, Jeffrey J	Erie
BEDNARZ, MD, Wallace W	Lycoming
BEDRICK, MD, Edward L	Philadelphia
BEDROSSIAN JR, MD, Edward H	Delaware
BEDROSSIAN JR, MD, Edward H	Delaware
BEE, MD, Daniel H	Indiana
BEEBY, MD, James L	Erie
BEECHAM, MD, Clayton T	Montour
BEEKEY JR, MD, Cyrus E	York
BEEKLEY, MD, William H	Chester
BEEM, MD, John W	Berks
BEER, MD, Sally G	Philadelphia
BEERMAN, MD, Curtis A	Cambria
BEERMAN, MD, Herman	Philadelphia
BEERS, MD, Kenneth L	Blair
BEETEL, MD, Christopher J	Berks
BEG, MD, Mirza M	Philadelphia
BEGG, MD, Frank R	Allegheny
BEGUM, MD, Dilwara	Allegheny
BEH, MD, Walter P	Mercer
BEHAR, MD, Robert D	Philadelphia
BEHAR, MD, Solomon	Philadelphia
BEHBEHANIAN, MD, Mahin D	Delaware
BEHJAT, MD, Fa-Ezeh	Philadelphia
BEHR, MD, Edith D	Delaware
BEHREND, MD, Bernard	Philadelphia
BEHRENDT, MD, Richard P	Mercer
BEHRENS, MD, William E	Lancaster
BEHUN, MD, Joseph M	Allegheny
BEIDLER, MD, Jon G	Franklin
BEIGHE, MD, Denise I	Montgomery
BEILER, MD, David D	Montour
BEITEL JR, MD, Robert J	Lehigh
BEITTEL, MD, James P	Lancaster
BEITTEL JR, MD, Charles R	Dauphin
BEITZEL, MD, James E	Dauphin
BEIZER, MD, Lawrence H	Philadelphia
BEKOE, MD, Seth	Allegheny
BELASCO, MD, Robert N	Montgomery
BELICH, MD, Stephen C	Beaver
BELIS, MD, Theodore E	Blair
BELJAN, MD, John R	Philadelphia
BELK, MD, H Dean	Allegheny
BELL, ANDRE	Students
BELL, MD, Ella C	Philadelphia
BELL, MD, Gerald	Chester
BELL, MD, H Craig	Montgomery
BELL, MD, Harry J	Philadelphia
BELL, MD, James B	Delaware
BELL, MD, Lawrence D	Beaver
BELL, MD, Louis D	Philadelphia
BELL, MD, Michael C	Beaver
BELL, MD, Randall W	Delaware
BELL, MD, Richard T	Berks
BELL, MD, Robert L	Chester
BELL, MD, Steven D	Philadelphia
BELL, MD, Thomas G	Clearfield
BELL JR, MD, C Ray	Lebanon
BELL JR, MD, David M	Washington
BELL JR, DO, Joseph W	Venango
BELLA, ISABELITA R	Allegheny
BELLA, MD, Paraluman	Butler
BELLA, MD, Romeo H	Lawrence
BELLANCA JR, MD, Guy L	Westmoreland
BELLARMINO, MD, Francis M	Philadelphia
BELLER, MD, Martin L	Philadelphia
BELLES, MD, Terry A	Lycoming
BELLEW, DO, John H	Lehigh
BELLINGER, MD, Edward L	Tioga
BELLINGER, MD, Mark F	Allegheny
BELLIS, MD, John A	Chester
BELLUS, MD, John J	Montgomery
BELMONT, MD, Frank A	Perry
BELMONT, MD, Herman S	Philadelphia
BELMONT, MD, Jonathan B	Montgomery
BELMONT, MD, Owen	Philadelphia
BELTZ, MD, William R	Lycoming
BEM, MD, Thomas P	Centre
BEMILLER, MD, Carl	Schuylkill
BENACK, MD, Andrea	Philadelphia
BENAMATI, MD, Christina M	Allegheny
BENCIE, MD, David J	Cambria
BENCKART, MD, Daniel H	Allegheny
BENDER, MD, Barry L	Clinton
BENDER, MD, Bruce L	Westmoreland
BENDER, MD, Bruce R	Monroe
BENDER, MD, George E	Bradford
BENDER, MD, Helene L	Allegheny
BENDER, MD, Joseph	Montgomery
BENDER, MD, Richard J	Allegheny
BENDER, MD, Robert R	Lancaster
BENDER, MD, William A	Franklin
BENDER JR, MD, Frank C	Delaware
BENDERSKY, MD, Gordon	Philadelphia
BENDITT, MD, Philip L	Philadelphia
BENDLIN, MD, Arnaldo	Philadelphia
BENE, MD, Catherine H	York
BENENSON, MD, Ronald S	York
BENINATI, MD, Daniel D	Chester
BENITEZ, MD, Francisco W	Blair
BENJAMIN, MD, David R	Erie
BENJAMIN, MD, Joseph	Philadelphia
BENJAMIN, MD, Kenneth W	Philadelphia
BENJAMIN, MD, Mark	Philadelphia
BENKINNEY, MD, James A	Philadelphia
BENKO, MD, Stephen T	Cambria
BENKOVIC, MD, Gregory W	Montour
BENNER, MD, John N	Wyoming
BENNER, ROBERT R	Allegheny
BENNER IV, MD, John H	Chester
BENNETT, MD, Desiree N	Philadelphia
BENNETT, MD, Edward V	Bradford
BENNETT, MD, Hugh D	Philadelphia
BENNETT, MD, John L	Cambria
BENNETT, MD, John T	Montgomery
BENNETT, MD, May H	Allegheny
BENNETT, MD, Michael R	Allegheny
BENNETT, MD, Paula R	Montgomery
BENNETT, MD, Peter H	Venango
BENNETT, MD, Raymond L	Susquehanna
BENNETT IV, MD, Joseph S	Montgomery
BENNIGHOF, MD, David C	Beaver
BENOIT, MD, Charles H	Montour
BENOIT, DO, Richard A	Delaware
BENOVITZ, MD, Burton S	Luzerne
BENSHOFF, MD, Albert M	Cambria
BENSHOFF, MD, Arthur M	Cambria
BENSHOFF, ERICHA R	Students
BENSIMHON, MD, Georges J	Northampton
BENSON, MD, Bernard E	Philadelphia
BENSON, MD, David R	Centre
BENSON, MD, Jacob M	Philadelphia
BENSON, MD, John R	Philadelphia
BENSON, MARGARET L	Allegheny
BENSON, MD, William E	Philadelphia
BENSY, MD, Joseph J	Allegheny
BENSY, MD, Oliver R	Allegheny
BENT III, MD, George	Allegheny
BENTIVOGLIO, MD, Lamberto G	Philadelphia
BENTLEY, MD, Eugene A	Chester
BENTON, MD, Owen D	Washington
BENTZ, MD, Charles R	Mckean
BENTZ, MD, Michael L	Philadelphia
BENTZ, MD, Michael S	Dauphin
BENTZ, MD, Ralph A	Dauphin
BENTZ, DO, William J	Allegheny
BENZ, MD, Edward J	Northampton
BENZ, MD, Robert L	Montgomery
BENZ JR, MD, George H	Allegheny
BENZEL, MD, Stanley	Lehigh
BEPLER, MD, Charles R	Delaware
BERARDI, MD, Ronald S	Westmoreland
BERARDIS, MD, John M	Lackawanna
BERBERICH, MD, Walter F	Westmoreland
BERCELI, SCOTT A	Allegheny
BERD, MD, Irvin B	Delaware
BERENBAUM, MD, Paul L	Philadelphia
BERENHOLZ, MD, Leonard P	Philadelphia
BERES, MD, Joseph C	Philadelphia
BERESKY, MD, Barnabas S	Erie
BERESNY, MD, Gerald M	Centre
BERG, MD, Alan P	Philadelphia
BERG, MD, George	Allegheny
BERG, MD, Morton D	Philadelphia
BERG, MD, Philip	Philadelphia
BERG, MD, Saul R	Allegheny
BERGELSON, MD, Victor D	Montgomery
BERGER, MD, Alan	Lehigh
BERGER, MD, Bruce C	Philadelphia
BERGER, DO, Gary G	Philadelphia
BERGER, MD, Gary W	Lycoming
BERGER, MD, Jay B	Northampton
BERGER, MD, Karl	Cambria
BERGER, MD, Malcolm P	Allegheny
BERGER, MD, Mark	Dauphin
BERGER, MD, Norman S	Lackawanna
BERGER, STANLEY R	Students
BERGER, MD, Winfried W	Huntingdon
BERGHAUS, MD, Lydia F	York
BERGHER, MD, Moises	Philadelphia
BERGMAN, MD, Martin J	Philadelphia
BERGNES, MD, Manuel A	Montgomery
BERGQUIST, MD, Erick J	Philadelphia
BERING, MD, Joseph P	Lebanon
BERING, MD, Thomas G	Lancaster
BERING JR, JOSEPH P	Students
BERK, MD, David A	Allegheny
BERK, MD, H Roland	Allegheny
BERK, MD, Henry M	Montgomery
BERK, LAWRENCE B	Allegheny
BERK, MD, Myles M	Allegheny
BERK, MD, Nathaniel G	Philadelphia
BERK, MD, Theodore F	Cumberland
BERKEBILE, MD, Paul E	Allegheny
BERKEY, MD, Richard L	Allegheny
BERKHEIMER, MD, George A	Dauphin
BERKHEISER, MD, Samuel W	Dauphin
BERKMAN, MD, Eugene F	Beaver
BERKMAN, MD, Ronald O	Allegheny
BERKOW, MD, Robert	Montgomery
BERKOWITZ, MD, Alan R	Lancaster
BERKOWITZ, MD, Fred	Allegheny
BERKOWITZ, MD, Henry D	Philadelphia
BERKOWITZ, MD, Morton I	Allegheny
BERKOWITZ, MD, Peter J	Allegheny
BERKOWITZ, MD, Robert P	Philadelphia
BERLEY, MD, Benjamin S	Luzerne
BERLIN, MD, Charles S	Allegheny
BERLIN JR, MD, Cheston M	Dauphin
BERMAN, MD, Arnold T	Philadelphia
BERMAN, MD, Bruce H	Dauphin
BERMAN, MD, Eli	Monroe
BERMAN, MD, Howard J	Westmoreland
BERMAN, MD, Ira J	York
BERMAN, JONAS J	Allegheny
BERMAN, SCOTT S	Students
BERMUDEZ, MD, Armand J	Mercer
BERMUDEZ, MD, Ovidio B	Philadelphia
BERNA, MD, William J	Philadelphia
BERNABEI, MD, Joanne Y	Delaware
BERNARDINO, MD, Evelina A	Bucks
BERNARDINO JR, MD, Vitaliano B	Bucks
BERNATH JR, MD, Albert M	Montour
BERNBERG, MD, Lawrence	Chester
BERNETT, MD, Gary B	Delaware
BERNHARD, MD, John J	Lehigh
BERNHARD, MD, Robert A	Lancaster
BERNS, MD, Leon L	Philadelphia
BERNSTEIN, MD, A Alexander	Lackawanna
BERNSTEIN, MD, Edward D	Allegheny
BERNSTEIN, DO, Henry H	Bucks
BERNSTEIN, MD, Mark H	Bucks
BERNSTEIN, MD, Robert	Union
BERNSTEIN, ROBERT J	Students
BERNSTEIN, MD, Robert W	Allegheny
BERNSTINE, MD, Earl L	York
BERNSTINE, MD, J Bernard	Philadelphia
BERONILLA JR, MD, Hilarion A	Fayette
BERRY, MD, George J	Allegheny
BERSANI, MD, Thomas A	Philadelphia
BERSCHLING, MD, Chester M	Allegheny
BERTA, MD, Julius W	Warren
BERTOLET, MD, Charles B	Berks
BERTOLETTE, MD, Richard D	Berks
BERTOLI, MD, Robert J	Philadelphia
BERTOLINO, MD, John G	Westmoreland
BERTRAM, MD, Horst N	Lebanon
BERTRAND, BRUCE K	Allegheny
BERTSCH, MD, Albert M	Susquehanna
BERWICK, MD, Evelyn Sue	Allegheny
BERWISH, MD, Neil J	Philadelphia
BESECKER, MD, Joseph A	Lancaster
BESSELMAN, MD, David M	Dauphin
BESSER, MD, Joseph P	Philadelphia
BEST, MD, John W	York
BETANCOURT, MD, Sergio E	Allegheny
BETESH, MD, Joel S	Philadelphia
BETTINGER, MD, Robert	Allegheny
BETTS, DO, Brooks	Northampton
BETTS, MD, Eugene K	Philadelphia
BETZ, MD, Louis H	Union
BETZ, MD, Randal R	Philadelphia
BETZ, MD, William R	Erie
BEVAN, MD, Emma B	Philadelphia
BEVERLY, MD, Avery W	Philadelphia
BEVERLY JR, MD, Roland S	Philadelphia
BEVILACQUA, MD, Daniel F	Adams
BEVILACQUA, MD, John E	Philadelphia
BEVILACQUA JR, MD, Dante J	Delaware
BEYER, MD, H Jeanne	Clearfield
BEYER JR, MD, Francis D	Westmoreland
BEYER JR, MD, Karl H	Philadelphia
BEZOUSKA, MD, Christine A	Allegheny
BHAGAT, MD, Pragna R	Monroe
BHAGAT, MD, Rajesh G	Monroe
BHAGWANANI, MD, Drupadi G	Allegheny
BHARGAVE, MD, Usha A	York
BHARK, MD, Philip	Delaware
BHARUCHA, MD, Shernavaz D	Dauphin
BHASKAR, MD, Ambat G	Somerset
BHAT, MD, K Ramakrishna	Luzerne
BHATIA, MD, Shyamsunder	Montour
BHATNAGAR, MD, Yudhishter M	Clarion
BHATT, MD, Anjali G	Delaware
BHATT, MD, Mukesh D	Northampton
BHATT, MD, Naresh I	Washington
BHATT, MD, Praful U	Clinton
BHE, MD, H Kwan	Carbon
BHUTANI, MD, Vinod K	Philadelphia
BHUTTA, MD, Omar I	Allegheny
BHYUN, MD, Dae Soo	York
BIALAS, MD, Henry N	Berks
BIALAS, MD, Paul A	Warren
BIALAS, MD, Robert F	Delaware
BIANCA III, MD, Vincent C	Lackawanna
BIANCARELLI, MD, Edmund J	Lackawanna
BIANROSA, MD, John J	Philadelphia
BICHARA, MD, Wahib M	Delaware
BIDDLE, MD, John E	Lycoming
BIDULA, MD, Leo P	Allegheny
BIDULA, MD, Maureen M	Allegheny
BIEBER, MD, Larien G	Lancaster
BIEBUYCK, MD, Julien F	Dauphin
BIELE, MD, Flora H	Philadelphia
BIEMULLER, MD, Martha L	Philadelphia
BIERER, MD, Edward D	Armstrong
BIERI, MD, John W	Dauphin
BIERMANN, MD, William A	Philadelphia
BIESINGER, MD, George J	Blair
BIETER-SCHULTZ, DO, Deborah	Delaware
BIEVER, MD, John A	Lebanon
BIGLAN, MD, Albert W	Allegheny
BIGLEY, MD, Joseph R	Philadelphia
BIGOS, MD, Edward T	Berks
BIKLE, MD, Charles A	Franklin
BIKLE, MD, H Dwight	Adams
BIKOWSKI, MD, Joseph B	Allegheny
BILANIUK, MD, Larissa T	Delaware
BILBAO, MD, Angel	Allegheny
BILDER, MD, Bruce M	Clinton
BILDER, MD, M Joan	Clinton
BILKER, MD, Iris J	Philadelphia
BILKO, MD, Thomas E	Luzerne
BILLAS, MD, Anthony	Montour
BILLIG, MD, Ruth A	Philadelphia
BILSKY, MD, Alan C	Philadelphia
BINAKONSKY, MD, Harry S	Allegheny
BINDER, MD, Mitchell J	Lycoming
BINDIE, MD, Richard P	Schuylkill
BINNICK, MD, Steven A	Montgomery
BINNS, MD, Veronica	Fayette
BINSTOCK, MD, Harold	Allegheny
BIRDSALL, MD, Thomas M	Philadelphia
BIRKEL, MD, Paul A	Beaver
BIRNBAUM, MD, Michael D	Philadelphia
BIRO JR, MD, Frank	Northampton
BIRRELL, MD, Donald G	Allegheny
BISACCO, MD, Stephen J	Blair
BISCHOFF, MD, Ellen J	Bucks
BISHOP, MD, David W	Blair
BISHOP, MD, Harry C	Philadelphia
BISHOP, MD, Larry S	Philadelphia
BISHOP, MD, Poni S	Bradford
BISHOP, MD, Richard L	Bradford
BISHOP, MD, Robert P	Montgomery
BISHOP, MD, Sarah	Philadelphia
BISHOP, MD, Wayne E	Centre
BISHOW, MD, I Ralph	Philadelphia
BISIGNANI, MD, Gabriella M	Lackawanna
BISORDI, MD, Joseph E	Montour
BISSET JR, MD, James F	Northampton
BITETTO, MD, Nicola	Berks
BITMAN, MD, Harold L	Philadelphia
BITMAN, MD, Joseph	Philadelphia
BITNER, MD, Walter P	Dauphin
BITTENBENDER, MD, Joseph	Columbia
BITTINGER, MD, Ralph E	York
BIUCKIANS, MD, Edward	Bucks
BIXBY JR, MD, Edward W	Delaware
BIZOUSKY, MD, Franklin S	Jefferson
BIZUP, MD, Thomas	Schuylkill

BJORKLUND, MD, Mark D	Dauphin
BLACK, MD, Francene W	Philadelphia
BLACK, MD, Judith E	Allegheny
BLACK, MD, Milton H	Allegheny
BLACK, MD, Perry	Philadelphia
BLACK, DO, Samuel J	Butler
BLACK JR, MD, Harry A	Allegheny
BLACK JR, MD, William A	Lackawanna
BLACKBURN, DO, James H	Montour
BLACKBURN, MD, Joseph M	Elk/Cameron
BLACKBURN, MD, Lawrence F	Westmoreland
BLACKBURN JR, MD, Laurence H	Bucks
BLACKER, MD, Bruce A	Philadelphia
BLACKLOW, MD, Robert S	Philadelphia
BLACKSMITH, DO, James E	Dauphin
BLACKSMITH, DO, William A	Dauphin
BLACKSMITH JR, MD, Gary L	Cumberland
BLAIR, MD, Albert J	Allegheny
BLAIR, MD, Frank W	Philadelphia
BLAISDELL, MD, C Theodore	Lehigh
BLAISURE, MD, Beverly C	Clearfield
BLAKE, MD, Douglas R	Lehigh
BLAKE, MD, Karl E	Allegheny
BLAKE, MD, Monroe O	Bradford
BLAKE, MD, Paul O	Delaware
BLAKE JR, MD, Alton D	Montgomery
BLAKELEY, DO, Ann K	Allegheny
BLAKESLEE, DO, Colson E	Jefferson
BLAKLEY, MD, John B	Allegheny
BLANCH, MD, Joseph J	Philadelphia
BLANCHARD, MD, Donovan C	Venango
BLAND, MD, C Brinley	Philadelphia
BLANDINO, MD, David A	Allegheny
BLANK, MD, Ira B	Montgomery
BLANK, MD, Samuel	Philadelphia
BLANK, SUSAN	Allegheny
BLANZACO, MD, Andre C	Philadelphia
BLASCO, MD, Luis	Philadelphia
BLASIOLE, MD, Ralph S	Washington
BLASS, MD, David C	Fayette
BLATCHLEY, MD, Donald M	Westmoreland
BLATT, MD, Mark A	Philadelphia
BLAUM JR, MD, Louis C	Bradford
BLAUM SR, MD, Louis C	Luzerne
BLAUSER, MD, Robert B	Berks
BLECKER, MD, David	York
BLEEDEN, MD, Edward M	Delaware
BLEIER, MD, Adolph H	Delaware
BLESHMAN, MD, Michael H	Chester
BLESSING, MD, Henry G	Philadelphia
BLEWETT, MD, Charles H	Potter
BLEWITT, MD, George A	Philadelphia
BLIDNER, MD, Martin D	Luzerne
BLINDER, MD, Jeffrey S	Lehigh
BLINKOFF, MD, Barry A	Philadelphia
BLITZER, MD, Eleanor C	Philadelphia
BLIZZARD, MD, John J	Delaware
BLOCH, MD, Robert S	Northampton
BLOCK, MD, Michael A	Armstrong
BLOCK, MD, Robert A	Philadelphia
BLOCK, MD, Robert C	Cambria
BLOCK, MD, Ronald M	Delaware
BLOCK, MD, Steven	Bucks
BLOCKSTEIN, MD, Robert S	Allegheny
BLODGETT JR, MD, Randolph C	Montour
BLOES, MD, Walter S	Lackawanna
BLOM, MD, Bohen M F	Lycoming
BLOM, MD, Johannes	Lycoming
BLOMAIN, MD, E William	Lackawanna
BLOMAIN, MD, Eric W	Lackawanna
BLOOD JR, MD, Joseph B	Bradford
BLOOD JR, MD, Raymond G	Philadelphia
BLOOM, MD, Benjamin H	Philadelphia
BLOOM, MD, Edward I	Philadelphia
BLOOM, MD, Frederick J	Luzerne
BLOOM, MD, Joseph	Philadelphia
BLOOM, MD, Joseph B	Allegheny
BLOOM, MD, Lawrence H	Philadelphia
BLOOMFIELD, DO, Rachael M	Montgomery
BLORE JR, MD, James P	Bucks
BLOSE, MD, Linda K	Northampton
BLOTZER, MD, John W	York
BLOUGH, MD, Herbert A	Philadelphia
BLOUGH, MD, Leland S	Allegheny
BLUE, MD, Vincent P	Bucks
BLUEBOND, DO, Neil D	Philadelphia
BLUEMLE JR, MD, Lewis W	Philadelphia
BLUESTEIN, MD, David D	Allegheny
BLUESTEIN, HARVEY J	Allegheny
BLUESTEIN, MD, Hazel M	Montgomery
BLUESTONE, MD, Charles D	Allegheny
BLUM, MD, Bernard M	Philadelphia
BLUM, MD, David E	Philadelphia
BLUM, MD, Larry W	Philadelphia
BLUM, MD, Richard H	Luzerne
BLUMBERG, MD, Alexander W	Lycoming
BLUMBERG, MD, Baruch S	Philadelphia
BLUMBERG, MD, Leon D	Philadelphia
BLUMBERG, MD, Myron L	Philadelphia
BLUME, MD, Robert P	Allegheny
BLUMENSCHEIN, MD, Gertrude	Fayette
BLUMENTHAL, MD, Andrew R	Montgomery
BLUMENTHAL, MD, Charles	Philadelphia
BLUMENTHAL, MD, Jeffrey R	Bucks
BLUMSTEIN, MD, Charles G	Montgomery
BLUMSTEIN, MD, George I	Philadelphia
BLYTHE, MD, Peggy J	Washington
BOAL, MD, Danielle K	Dauphin
BOAL, MD, Erwin S	Beaver
BOAL, MD, Richard J	Dauphin
BOAL JR, MD, John H	Beaver
BOBAK, MD, Leopold	Fayette
BOBAK, MD, Wladyslaw	Fayette
BOBBY, DO, John L	Armstrong
BOBECK, MD, Joseph J	Luzerne
BOBEK, MD, Francis B	Columbia
BOBEN, MD, William R	Luzerne
BOBICK, MD, Frank	Carbon
BOBIN, MD, John J	York
BOBROWSKI, DANIEL	Students
BOCCAGNO, MD, Phillip A	Lackawanna
BOCHER, MD, Jack	Chester
BODE JR, MD, Frederick W	Allegheny
BODEK, MD, Alvin M	Allegheny
BODMER, MD, Meral O	Northumberland
BODNAR, MD, Timothy J	Mercer
BODTKE, MD, Susan K	Dauphin
BOEHMLER, MD, William J	Berks
BOEHNKE, MD, Manfred	Allegheny
BOGDANOFF, MD, Bruce M	Delaware
BOGDEWIC, MD, Thomas A	Allegheny
BOGER, MD, William P	Philadelphia
BOGNER, MD, Edward W	Northumberland
BOGUCKI, MD, Edwin I	Delaware
BOGUCKI, FRED R	Students
BOHARAS, MD, Saul	Allegheny
BOHLENDER, MD, George P	Erie
BOHN, MD, Mark W	Luzerne
BOHNENBLUST, MD, Walter R	Schuylkill
BOHNENBLUST JR, MD, Walter R	Berks
BOHNER, MD, Mary F	Allegheny
BOICE, MD, G Newton	Allegheny
BOKSENBAUM, MD, Mervin	Allegheny
BOLAND, MD, Francis P	Lackawanna
BOLAND, MD, Stanley W	Lackawanna
BOLAND JR, MD, Francis B	Bucks
BOLANOVICH, MD, Lester J	Allegheny
BOLDEN, MD, Mary C	Allegheny
BOLDEN, MD, Patrick T	Perry
BOLDEN, MD, Richard O	Allegheny
BOLINE, GEORGE B	Allegheny
BOLINGER, MD, Mark S	Huntingdon
BOLLINGER, MD, James R	Chester
BOLMARCICH, MD, Virginia D	Delaware
BOLNO, DO, Charles M	Philadelphia
BOLOGNESE, MD, Ronald J	Philadelphia
BOLOTIN, MD, Joseph H	Mercer
BOLSTER, MD, Richard H	Chester
BOLTON, MD, Howard A	Allegheny
BOLUS, MD, Charles M	Lackawanna
BONACCI, MD, Richard J	Luzerne
BONACCORSI, MD, Diane T	Berks
BONADIO, MD, Peter M	Allegheny
BONAFEDE, MD, Peter L	Dauphin
BONAKDAR-POUR, MD, Akbar	Philadelphia
BONAN, MD, A Ferdinand	Philadelphia
BONANNI, MD, Craig C	Allegheny
BONCHEK, MD, Lawrence I	Lancaster
BONDI, MD, Edward Edge	Philadelphia
BONDI, MD, Frank R	Allegheny
BONDI, MD, Richard P	Allegheny
BONDY, MD, Thomas J	Cambria
BONEKEMPER, MD, Thomas W	Lehigh
BONESSI, MD, James V	Allegheny
BONESSI EXEC, SEC, Mrs Coby	Washington
BONET, MD, Luis	Allegheny
BONEY, MARK A	Students
BONGIOVANNI, DO, Andrew G	Chester
BONI JR, MD, Dino R	Washington
BONIFACE, MD, Dolores J	Allegheny
BONITA, MD, Louis B	Luzerne
BONITA, MD, Raphael	Luzerne
BONNER, MD, Dennis J	Bucks
BONNER, MD, James F	Delaware
BONNER, MD, Mary J	Berks
BONNER, MD, Robert A	Lycoming
BONNER, MD, Robert E	Montgomery
BONNER, MD, William F	Bucks
BONNER JR, MD, Francis J	Montgomery
BONO, MD, John	Armstrong
BONONI, MD, Paula A	Montgomery
BONOS III, MD, Charles T	Lehigh
BONSALL, MD, Eric K	Dauphin
BONTEMPO, MD, Franklin A	Beaver
BONTOMASE, MD, Jasper E	Lycoming
BONUCCI, MD, Bruno L	Fayette
BOO, MD, Ki T	Lehigh
BOOK, MD, Morris M	Beaver
BOOKERT, MD, Charles C	Allegheny
BOOKHAMMER, MD, Robert S	Philadelphia
BOOKWALTER, MD, John W	Allegheny
BOONE, MD, Leslie J	Allegheny
BOONIN, MD, Alan	Luzerne
BOONSWANG, MD, Pricha	Northampton
BOONVISUDHI, MD, Thumrong	Fayette
BOOR, MD, John W	Delaware
BOOTH, MD, George	Allegheny
BOOTH, MD, Kevin R	Philadelphia
BOOTH JR, MD, Robert E	Philadelphia
BOOVA, MD, Robert S	Delaware
BORA, MD, Gulderen N	Montgomery
BORAH, MD, Bishnu C	Bucks
BORAN, MD, Robert P	Schuylkill
BORDEN, MD, Anthony G	Philadelphia
BORECKY, MD, David C	Cambria
BORETSKY, MD, Harry	Allegheny
BORETSKY, MD, Robert H	Allegheny
BORGER, MD, Lee J	Warren
BORGIA, MD, Frank A	Allegheny
BORIOSI, MD, Guido D	Lackawanna
BORIS, DO, Walter J	York
BORJA, MD, Rogelio I	Butler
BORKOVIC, MD, Embrie J	Beaver
BORKOW, MD, Joel E	Cambria
BORKOWSKI, MD, Bernard B	Philadelphia
BORKOWSKI, MD, Winslow J	Philadelphia
BORNS, MD, Patricia F	Philadelphia
BORNSTEIN, MD, Barry	Clinton
BORNT, MD, Marsha D	York
BORON, MD, Robert J	Clearfield
BORON, MD, Ronald L	Allegheny
BORON, MD, Stella M	Indiana
BOROW, MD, Lawrence S	Philadelphia
BOROW, MD, Sydney	Philadelphia
BOROWSKI, MD, Gregory D	Lackawanna
BOROWSKY, MD, Larry M	Philadelphia
BORRA, MD, Bolliaih	Luzerne
BORRISON, MD, Joseph A	Allegheny
BORRUSO, MD, John J	Philadelphia
BORTIN, MD, Leonard	Philadelphia
BORTNER, MD, Donald L	York
BORTZ, MD, Donald W	Westmoreland
BORUS, MD, Harry E	Allegheny
BOSACCO, MD, Stephen J	Philadelphia
BOSELLI, MD, Bruce D	Bradford
BOSLEY, MD, Thomas M	Philadelphia
BOSSE, MD, Milton D	Allegheny
BOTT, MD, Andrew C	Philadelphia
BOUCHARD, MD, Roger	Clearfield
BOUCHER, MD, William F	Lehigh
BOURDAKOS, MD, Nicolas G	Allegheny
BOUZARTH, MD, William F	Philadelphia
BOVE, MD, Frank A	Philadelphia
BOVE, MD, Richard L	Philadelphia
BOWEN, MD, Dale T	Lehigh
BOWEN III, MD, Adelbert	Allegheny
BOWEN JR, MD, Frank W	Philadelphia
BOWEN JR, MD, Thales	Montgomery
BOWER, MD, Harry B	Dauphin
BOWER, MD, James H	Dauphin
BOWER, MD, James N	Lawrence
BOWER, MD, John R	Berks
BOWER, MD, John Roebrich	Berks
BOWER, MD, Robert	Philadelphia
BOWER, MD, Robert J	Chester
BOWER, MD, Samuel C	Clinton
BOWERS, MD, David W	Lancaster
BOWERS, MD, Leroy W	Blair
BOWERS, MD, Paul A	Philadelphia
BOWERS, MD, Roger P	Bradford
BOWERS, STEVEN K	Allegheny
BOWES, MD, Donald E	Montour
BOWIE, MD, Morris A	Montgomery
BOWKER, BEVERLY L	Students
BOWLING, MD, Chetwynd E	Philadelphia
BOWMAN, MD, David H	Blair
BOWMAN, MD, Herbert S	Dauphin
BOWMAN, MD, James E	Philadelphia
BOWMAN, MD, John H	Lancaster
BOWMAN, MD, Sallyann	Philadelphia
BOWMAN JR, MD, Douglas F	Mckean
BOWMAN JR, MD, Thomas E	Dauphin
BOXER, MD, Arthur D	Montgomery
BOYD, MD, Dale W	Schuylkill
BOYD, MD, William J	Dauphin
BOYD III, MD, Robert T	Philadelphia
BOYEK, MD, Michael F	Bradford
BOYER, MD, George S	Lehigh
BOYER, MD, Randal A	Philadelphia
BOYER, MD, Walter E	Venango
BOYKIW, MD, Mark E	Indiana
BOYKIW, MD, Russel A	Clearfield
BOYLAN, MD, James J	Northampton
BOYLAN, MD, Raymond J	Allegheny
BOYLE, MD, Bruce C	Westmoreland
BOYLE, MD, Denis A	Chester
BOYLE, MD, Hugh G	Luzerne
BOYLE, MD, L Eamonn	York
BOYLE, MD, Richard C	Erie
BOYLE, MD, William H	Luzerne
BOYLE JR, MD, Denis A	Philadelphia
BOYLER, MD, Lawrence J	Franklin
BOYSEN, MD, Homer	Schuylkill
BOYSON, MD, Sally J	Philadelphia
BOZIC, MD, Albert F	Lycoming
BOZIC, MD, William F	Allegheny
BRABSON, MD, Howard W	Beaver
BRACE, MD, Frederick H	Philadelphia
BRACKBILL, MD, Elizabeth J	Berks
BRACKBILL, MD, Robert M	Berks
BRACKEN, MD, Mark M	Allegheny
BRACKIN, MD, George G	Bucks
BRACKIN, MD, Phillip S	Montgomery
BRACKIN JR, MD, John T	Montgomery
BRADEN, MD, Geoffrey L	Philadelphia
BRADEN JR, MD, Frank R	Allegheny
BRADFORD, MD, Bradley J	Allegheny
BRADFORD, MD, John D	Chester
BRADFORD, MD, Paul L	Montgomery
BRADLEY, MD, Betty H	Allegheny
BRADLEY, MD, Samuel M	Cambria
BRADLEY, MD, Vernon F	Blair
BRADLEY JR, MD, Robert H	Philadelphia
BRADLEY JR, MD, William P	Allegheny
BRADSHAW JR, MD, William A	Allegheny
BRADY, MD, Anna M	Philadelphia
BRADY, MD, Douglas F	Westmoreland
BRADY, MD, James S	Allegheny
BRADY, MD, John C	Luzerne
BRADY, MD, John P	Luzerne
BRADY, MD, Joseph A	Montgomery
BRADY, JOSEPH J	Students
BRADY, MD, Luther W	Philadelphia
BRAGDON, MD, Robert W	Allegheny
BRAHMAKULAM, MD, Paul M	Mifflin/Juniata
BRAITMAN, MD, Robert A	Philadelphia
BRAJER, MD, Jason	Philadelphia
BRALLIER, MD, Hugh W	Westmoreland
BRALOW, MD, S Philip	Philadelphia
BRAMOWITZ, MD, Alan D	Allegheny
BRANAS, DO, John A	Lancaster
BRAND, MD, Carol E	Allegheny
BRANDFASS, MD, W Taylor	Delaware
BRANDMAN, MD, Ita S	Philadelphia
BRANDON, MD, John M	Washington
BRANDON, MD, Phyllis K	Armstrong
BRANDSTETTER, MD, Louis H	Allegheny
BRANDT, MD, John P	Clinton
BRANDT, MD, Robert I	Beaver
BRANDT, MD, Robert J	Northampton
BRANDY, MD, Dominic A	Allegheny
BRANELLA, MD, Anthony F	Delaware
BRANIN, DO, Bruce K	Lackawanna
BRANSCUM, MD, George P	Cumberland
BRANT, MD, Carl E	Westmoreland
BRANTON, MD, Leon N	Lehigh
BRASLOW, MD, Norman H	Delaware
BRAUN, MD, Jean B	Fayette
BRAUN, MD, Thomas M	Washington
BRAUN III, MD, William P	Northampton
BRAUNEGG JR, MD, Paul W	Dauphin
BRAUNFELD, DO, Robert	Delaware
BRAV, MD, Solomon S	Philadelphia
BRAVEMAN, MD, Bernard L	Allegheny
BRAVETTE, MD, Barry A	Philadelphia
BRAY, MD, John S	Dauphin
BRAY, MD, Joseph B	Chester
BRAY, MD, Joshua C	Montgomery
BRAY, MD, Susan H	Philadelphia
BRAY, WILLIAM C	Students
BRAYMAN, MD, Kenneth L	Philadelphia
BRAZEL, MD, Joseph F	Cumberland
BRECHER, MD, Eugene	Philadelphia
BRECHER, MD, Jeffrey A	Bucks
BRECKENRIDGE, MD, John W	Montgomery
BREEN, MD, Philip C	Montour
BREGAR, MD, Frank W	Allegheny
BREGMAN, MD, Joseph	Philadelphia
BREHM, MD, Hans H	Monroe
BREITE, MD, Herbert J	Bradford
BREITFELD, MD, Volker	Allegheny
BREMER, MD, Harry J	Cambria
BREN, DO, Deborah A	Lehigh
BRENEMAN, MD, John W	Franklin
BRENES, MD, Gilbert	Allegheny
BRENMAN, MD, Arnold K	Philadelphia
BRENNAN, MD, James T	Philadelphia
BRENNAN, MD, John P	Luzerne
BRENNAN, MD, Joseph E	Philadelphia
BRENNAN, MD, Richard E	Beaver
BRENNAN, MD, Robert W	Dauphin
BRENNAN, MD, Russell J	Philadelphia
BRENNAN, MD, William F	Allegheny
BRENNEMAN, MD, Paul G	Bucks
BRENNEMAN, MD, Richard E	Northampton
BRENNEN, MD, Robert F	Lehigh
BRENNER, MD, Barry S	Philadelphia
BRENNER, MD, Louis O	Dauphin
BRENNER, DO, Richard P	Philadelphia
BRENNER, MD, Sidney	Philadelphia
BRENNER, MD, Sophie A	Philadelphia
BRENNER JR, MD, Samuel S	Bradford
BRENT, MD, Lawrence B	Allegheny
BRENT, MD, Nancy B	Allegheny
BRERETON, MD, Harmar D	Lackawanna
BRERETON, MD, William F	Erie
BRESLER, MD, R Ralph	Philadelphia
BRESLIN, MD, Joseph A	Lancaster
BRESLOW, MD, Irwin H	Philadelphia
BRESSI JR, MD, Thomas E	Montgomery
BREST, MD, Albert N	Philadelphia
BREST, MD, Norman A	Montgomery
BRESTICKER, DAVID H	Allegheny
BRETHAUER JR, MD, Edward A	Allegheny
BRETT III, MD, George W	Beaver
BREVETTA, MD, Richard J	Mercer
BREWER, MD, Robert H	Lancaster
BREZIN, MD, Joseph H	Philadelphia
BRIANT JR, MD, William W	Allegheny
BRICE, MD, Judith A	Allegheny
BRICKER, MD, Samuel Q	Franklin
BRICKHOUSE, MD, Herman M	Lycoming
BRICKLEY, MD, Kenneth S	Clinton
BRICKNELL, MD, Paul P	Dauphin
BRIDENBAUGH, MD, G Alan	Clinton
BRIDENBAUGH, MD, Robert P	Blair
BRIDGENS, DO, Nancy K	Chester
BRIDGES, MD, Kenneth G	Philadelphia
BRIER, MD, Peter M	Dauphin
BRIGHTON, MD, Carl T	Philadelphia
BRIGNOLA, MD, Michael P	Philadelphia
BRILL, MD, David R	Montour
BRILL, MD, Francis W	Lackawanna
BRILL, MD, Joseph M	Delaware
BRILLMAN, MD, David A	Allegheny

BRILLMAN, MD, Jon	Allegheny
BRILLMAN, MD, Nathan	Philadelphia
BRILMYER, MD, George J	Luzerne
BRINDISI, MD, Gaetano	Philadelphia
BRINGHURST, MD, Louis S	Chester
BRINK, MD, Earl J	Allegheny
BRINK, MD, William R	Lycoming
BRINKMEYER, DO, Scott D	Allegheny
BRISINI, MD, Patrick D	Cambria
BRISKIN, MD, Jonathan A	Delaware
BRISTER, MD, Randy	Bucks
BRIZUELA, MD, Heman R	Philadelphia
BROAD, MD, Louis T	Philadelphia
BROAD, MD, Todd H	Bucks
BROADHEAD, MD, Richard	Allegheny
BROBYN, MD, Thomas J	Philadelphia
BROCK, MD, Charlene M	Philadelphia
BROCK, MD, David C	Blair
BROCK, MD, Richard R	Dauphin
BROCKMAN, MD, Stanley K	Philadelphia
BROCKMYER, MD, M Lawrence	Erie
BROD, MD, Robert C	Delaware
BRODER, MD, George J	Philadelphia
BRODIE, MD, Donald E	Bucks
BRODMERKEL JR, MD, George J	Allegheny
BRODOVSKY, MD, Harvey S	Philadelphia
BRODSKY, MD, Isadore	Philadelphia
BRODSKY, MD, Norman J	Philadelphia
BRODSKY, MD, Robert L	Allegheny
BRODSKY, MD, Steven G	Montgomery
BRODY, MD, Jerome I	Philadelphia
BRODY, MD, Julia B	Philadelphia
BRODY, MD, Morris W	Philadelphia
BRODY, MD, Ronald L	Philadelphia
BROENNLE, MD, Albert M	Philadelphia
BROGAN, MD, Edmund J	Philadelphia
BROGAN, MD, John J	Philadelphia
BROGAN, MD, Louis E	Philadelphia
BROHM, MD, Charles G	Jefferson
BROMBERG, MD, Jonathan	Philadelphia
BROMBERG, MICHAEL E	Students
BROMMER, MD, Oliver R	Philadelphia
BRON, MD, Klaus M	Allegheny
BRONFMAN, MD, Howard J	Dauphin
BRONITSKY, MD, Barbara G	York
BRONITSKY, MD, Carl N	Dauphin
BRONSTEIN, MD, Judith B	Philadelphia
BRONSTEIN, MD, Robert M	Philadelphia
BRONSTEIN, MD, Seymour B	Luzerne
BROOKS, MD, Charles M	Lehigh
BROOKS, MD, Daniel H	Allegheny
BROOKS, MD, Dennis L	Philadelphia
BROOKS, DO, Frank J	Clarion
BROOKS, MD, Frank P	Philadelphia
BROOKS, MD, Gerald M	Crawford
BROOKS, MD, Harry R	Dauphin
BROOKS, MD, Jack C	Lawrence
BROOKS, MD, James L	Greene
BROOKS, DO, John E	Clarion
BROOKS, DO, John M	Clarion
BROOKS, MD, Robert	Philadelphia
BROOKS, MD, Ronald J	Montgomery
BROOKS, MD, Sandra E	Philadelphia
BROOKS III, MD, James L	Allegheny
BROOKS JR, MD, Clint E	Delaware
BROPHY, MD, Dow E	Cumberland
BROSCIUS, MD, Benjamin M	Northumberland
BROSELOW, MD, David D	Philadelphia
BROSNAN, MD, William J	Philadelphia
BROSS, MD, James E	Montour
BROSTOFF, MD, Leon M	Allegheny
BROSTOFF, MD, Philip	Allegheny
BROTHERSON, MD, Gary T	Erie
BROUDO, MD, Samuel F	Philadelphia
BROUDY, MD, Arnold S	Allegheny
BROUGHER, MD, David E	Allegheny
BROUSSARD, MD, Elsie R	Allegheny
BROUSSEAU, DAVID A	Students
BROWN, MD, Andrew J	Allegheny
BROWN, MD, Charles R	Allegheny
BROWN, MD, Christopher L	Lehigh
BROWN, MD, Clark E	Philadelphia
BROWN, MD, Donald C	Westmoreland
BROWN, MD, Doyle H	Bradford
BROWN, MD, Earl H	Montgomery
BROWN, MD, Elizabeth B	Delaware
BROWN, ELIZABETH L	Students
BROWN, MD, Frederick G	Montour
BROWN, MD, Fredric S	Luzerne
BROWN, MD, Gary C	Philadelphia
BROWN, MD, George L	Montgomery
BROWN, MD, H Zane	Lancaster
BROWN, MD, Harold E	Montour
BROWN, MD, J Oliver	Philadelphia
BROWN, MD, John E	Venango
BROWN, MD, John L	Clinton
BROWN, MD, John M	Northampton
BROWN, MD, Joy M	Lehigh
BROWN, MD, Kenneth R	Philadelphia
BROWN, MD, Manson	Venango
BROWN, DO, Marion L	Delaware
BROWN, MD, Matthew G	Mercer
BROWN, MD, Michael D	Union
BROWN, MD, Michael E	York
BROWN, MD, Nathan	Chester
BROWN, MD, Ralph R	Indiana
BROWN, MD, Raymond D	Philadelphia
BROWN, MD, Richard A	Chester
BROWN, MD, Richard V	Allegheny
BROWN, MD, Robert B	Allegheny
BROWN, MD, Robert B	Franklin
BROWN, MD, Robert E	Lancaster
BROWN, MD, Robert L	Luzerne
BROWN, MD, Sheila	Northampton
BROWN, MD, Sylvan	Lackawanna
BROWN, MD, William E	Mercer
BROWN, MD, William E	Montgomery
BROWN 5TH, MD, Thomas W	Bucks
BROWN III, MD, Dewitt C	Montgomery
BROWN JR, MD, Frank E	Chester
BROWN JR, MD, James T	Allegheny
BROWN JR, MD, Joseph S	Mifflin/Juniata
BROWN JR, MD, Louis A	Philadelphia
BROWN JR, MD, M Evans	Montgomery
BROWN JR, MD, William C	Bucks
BROWN-BIEBER, MD, Dale E	Lebanon
BROWNE, MD, Laurence T	Philadelphia
BROWNSTEIN, MD, Bruce Keith	Montgomery
BROWNSTEIN, MD, Israel E	Philadelphia
BROWNSTEIN, MD, Phillip K	Philadelphia
BRUBAKER, MD, Elwood R	Berks
BRUBAKER, MD, J Kenneth	Lancaster
BRUBAKER, MD, Jacob H	Lancaster
BRUBAKER, MD, Paul E	Lancaster
BRUBAKER, MD, Warren W	Dauphin
BRUBAKER JR, MD, Herman W	Franklin
BRUCE, MD, William B	Union
BRUCKER, MD, Paul C	Philadelphia
BRUNDAGE, MD, John T	Lackawanna
BRUNDAGE, MD, Robert P	Lackawanna
BRUNGO, MD, James J	Allegheny
BRUNGO, MD, John A	Allegheny
BRUNGO, MD, John D	Allegheny
BRUNING III, CARL O	Allegheny
BRUNN JR, MD, Henry M	Allegheny
BRUNNER, MD, Richard A	Philadelphia
BRUNO, MD, Carmen S	Allegheny
BRUNO, DO, Elena P	Philadelphia
BRUNO, MD, James R	Luzerne
BRUNO, MD, Jorge C	Allegheny
BRUNO, MD, Leonard A	Philadelphia
BRUNO, MD, Maria A	Westmoreland
BRUNO, MD, Pat J	Northumberland
BRUNO, MD, Stephen C	Allegheny
BRUNO JR, MD, Joseph N	Luzerne
BRUNO SR, MD, Joseph N	Luzerne
BRUNSKILL, MD, Dennis E	Allegheny
BRUNT JR, MD, Manly Y	Philadelphia
BRUTICO, MD, Anthony C	Lackawanna
BRUTICO JR, MD, Carmen A	Lackawanna
BRUTON, MD, Charles W	Chester
BRUTTS, DENISE E	Students
BRYAN, MD, Frank S	Cumberland
BRYAN, MD, Thomas M	Dauphin
BRYAN JR, MD, John S	Bucks
BRYAN JR, MD, Ross E	Warren
BRYANSMITH, MD, Dale	Philadelphia
BRYANT, MD, David W	Cumberland
BRYANT JR, MD, Winston M	Philadelphia
BRYLAWSKI, MD, Michael	Philadelphia
BRYSON, MD, Richard L	Lancaster
BRZOZOWSKI, MD, Jan F	Philadelphia
BRZOZOWSKI, MD, Lawrence A	Berks
BU, MD, Tae-Hyung	Erie
BUB, MD, Barry	Berks
BUCAN, MD, Michael	Luzerne
BUCAR, MD, John R	Allegheny
BUCH, MD, David L	Bucks
BUCH, MD, Heriberto E	Philadelphia
BUCH, MD, Robert R	Lancaster
BUCH, MD, Sandhya Y	Berks
BUCHANAN, MD, Edwin B	Allegheny
BUCHANAN, MD, James L	Allegheny
BUCHANAN, MD, James R	Dauphin
BUCHANAN IV, MD, Harry W	Lehigh
BUCHER, MD, Robert G	Bucks
BUCHHEIT, MD, William A	Philadelphia
BUCHMAN, MD, David H	Indiana
BUCHMAN, MD, Robert R	Allegheny
BUCK, MD, Addison S	Montgomery
BUCK, MD, Ann L	Allegheny
BUCK, MD, Clarence J	Beaver
BUCK, MD, Keith K	Armstrong
BUCK, MD, Rudolph L	Allegheny
BUCK, MD, Ruth E	Montgomery
BUCKEY, MD, Joseph T	Luzerne
BUCKINGHAM, MD, Robert B	Allegheny
BUCKINGHAM, MD, Robert C	Dauphin
BUCKLEW, MD, Lawrence A	Allegheny
BUCKLEY, MD, Roland M	Philadelphia
BUCKLEY, MD, Ronald J	Lehigh
BUCKMAN, MD, Samuel T	Luzerne
BUCKO JR, MD, Matthew I	Montgomery
BUCKTHAL, MD, Paul E	Bradford
BUCKWALTER, MD, Jeffrey A	Bucks
BUCKWALTER, MD, Phyllis S	Montgomery
BUCKWALTER, MD, Richard A	Montgomery
BUCS, MD, Roger G	Dauphin
BUDD, MD, Robert M	Allegheny
BUDURA, MD, Paul	Northampton
BUENAVENTURA, MD, Milagros P	Dauphin
BUENDIA, MD, Antonio V B	Northumberland
BUENDIA, MD, Mary Lou J	Northumberland
BUERGER JR, MD, George F	Allegheny
BUERK, MD, Minerva S	Montgomery
BUERKLIN, MD, Ellen M	Philadelphia
BUFFER JR, SAM A	Allegheny
BUHL, MD, Keith J	Philadelphia
BUICK, MD, Melissa K	Dauphin
BUINEWICZ, ANNA M	Students
BUINEWICZ, MD, Brian R	Montgomery
BUISER, MD, Rodolfo A	Mercer
BULATAO, MD, Agapito V	Berks
BULETTE, MD, John L	Montgomery
BULGER, MD, Richard H	Blair
BULKLEY, MD, Andrew D	Bucks
BULLARD JR, MD, Ray E	Westmoreland
BULLINGTON, MD, Sunny J	Northumberland
BULLUCK, MD, David E	Philadelphia
BULOVA, MD, Stephen I	Philadelphia
BULSECO, MD, Patricia J	Allegheny
BUMAGIN, MD, Michael S	Lycoming
BUMGARDNER, MD, James L	Bucks
BUNAO, MD, Romulo M	Bradford
BUNDY, MD, Thomas W	Franklin
BUNESE, MD, Horst J	Philadelphia
BUNKER, MD, Mark L	Allegheny
BUNYA, MD, Vichai	Philadelphia
BUNYOR, MD, Agnes K	Huntingdon
BUONOCORE, MD, Bonnita K	Montgomery
BURAK, MD, Robert F	Luzerne
BURAK, MD, William E	Luzerne
BURBRIDGE, MD, Geoffrey R	Erie
BURBRIDGE JR, MD, I Ralph	Erie
BURDEN, MD, Samuel S	Montgomery
BURDICK, MD, Mitchell	Erie
BURES, MD, J Conrad	Westmoreland
BURG, MD, Fredric D	Philadelphia
BURGBACHER, MD, James S	Cambria
BURGER, MD, Joseph G	Beaver
BURGER, MD, Regis F	Allegheny
BURGER, MD, Theodore P	Northampton
BURGESS, MD, Geoffrey M	Chester
BURGET JR, MD, Dean E	Butler
BURGIN, MD, Walter H	Dauphin
BURKE, MD, Christopher A	Allegheny
BURKE, MD, Frank A	Montour
BURKE, GREG F	Students
BURKE, MD, M Susan	Montgomery
BURKET, MD, Louis C	Blair
BURKET, MD, Ramon C	Blair
BURKETT, MD, Donald E	Cambria
BURKEY, MD, Fred J	Allegheny
BURKHARD JR, MD, Edward J	Lehigh
BURKHART, MD, Charles B	Montgomery
BURKHOLDER, MD, John A	Allegheny
BURKHOLDER, MD, Thomas O	Lehigh
BURKLE, MD, Joseph S	York
BURKLEY III, MD, Louis F	Northampton
BURKLEY JR, MD, Louis F	Northampton
BURKS, MD, John M	Lycoming
BURLAND, MD, J Alexis	Philadelphia
BURLINGAME, MD, Mark W	Lancaster
BURMEISTER, MD, Charles W	Bucks
BURNETT, MD, Ellen M	Philadelphia
BURNETT, MD, George W	Lancaster
BURNS, MD, Donald T	Berks
BURNS, MD, Frank D	Franklin
BURNS, MD, J Robert	Montour
BURNS, MD, Jesse E	Montgomery
BURNS, MD, William T	Dauphin
BURNS JR, MD, Charles N	Luzerne
BURNS SR, MD, Charles N	Luzerne
BURNSIDE, MD, John W	Dauphin
BURROS, MD, Harry M	Philadelphia
BURROWS, MD, Stanley B	Philadelphia
BURRY, MD, William C	Monroe
BURSALI, MD, Salahattin	Westmoreland
BURSTEIN, MD, Frank	Philadelphia
BURSTEIN, MD, William H	Philadelphia
BUSCH, MD, Michael F	Lehigh
BUSCHIAZZO, MD, Horacio J	Philadelphia
BUSH, MD, Alton J	Armstrong
BUSH, MD, David C	Montour
BUSH, MD, Herman	Beaver
BUSH, MD, Stephen T	Cambria
BUSH, MD, William B	Dauphin
BUSH, MD, William M	Berks
BUSHKOFF, MD, Stanley H	Allegheny
BUSHWICK, MD, Bruce M	York
BUSHYAGER, MD, Ronald R	Westmoreland
BUSHYAGER, MD, Ross M	Montgomery
BUSILLO, MD, Nicholas A	Delaware
BUSIS, MD, Neil A	Allegheny
BUSIS, MD, Sidney N	Allegheny
BUSKO, MD, Carlton W	Lancaster
BUSLER JR, MD, Verne M	York
BUTCHER, MD, Richard J	Montour
BUTERA, MD, Vincent	York
BUTERBAUGH, MD, John C	Greene
BUTKIEWICZ, MD, Bernard L	Lycoming
BUTKO, AUDREY C	Allegheny
BUTLER, MD, Anne K	Tioga
BUTLER, MD, Charles H	Chester
BUTLER, MD, Christopher L	Allegheny
BUTLER, MD, Horace G	Monroe
BUTLER, MD, Ivan L	York
BUTLER, MD, Melvin V	Philadelphia
BUTSON, MD, Harry E	Philadelphia
BUTT, MD, Hameed A	Luzerne
BUTT JR, MD, Frank H	Warren
BUTTERWORTH, MD, Thomas	Berks
BUVINGER, MD, Ralph S	Allegheny
BUXTON JR, MD, Donald R	Dauphin
BUYERS, MD, Robert A	Montgomery
BUZAS, MD, Jerome W	Berks
BUZBY, MD, Franklin S	Philadelphia
BUZBY, MD, Gordon P	Philadelphia
BUZZELLI, MD, Philip B	Allegheny
BUZZERD, MD, Harry W	Lycoming
BYBEL, ANN M	Students
BYER, MD, Harold H	Bucks
BYERS, MD, James F	Allegheny
BYERS, MD, John A	Allegheny
BYERS, MD, Robert O	Erie
BYLER, MD, Arthur B	Chester
BYLER, MD, Philip R	Lycoming
BYRNE, MD, Earl B	Montgomery
BYRNE, MD, James E	Northampton
BYRNE, MD, Kevin J	Philadelphia
BYRNE, MD, Robert J	Montgomery
BYRNE, MD, Robert N	Chester
BYRNE, MD, William E	Dauphin
BYRON, MD, Harold J	Montgomery
BYRON, MD, Thomas W	Luzerne

C

CABALLE, MD, Jose B	Allegheny
CABRERA, MD, Bertha L	Washington
CABRERA, MD, Rafael	Washington
CACCESE, MD, David M	Lehigh
CACCIAMANI, MD, John D	Lackawanna
CADIEUX, MD, Roger J	Dauphin
CADMAN, MD, Thomas E	Montour
CADY, MD, Joseph B	Bradford
CADY, MD, William W	Bradford
CAGGIANO, MD, John D	Chester
CAHAN, MD, Michael S	Philadelphia
CAHAN, MD, Robert B	Philadelphia
CAHILL, MD, John M	Bucks
CAHILL, MD, Thomas J	Montour
CAHN, MD, Milton M	Philadelphia
CAIN, MD, James P	Montgomery
CAINE, MD, Mark E	Allegheny
CAIRNS, BRUCE A	Students
CALABRO, MD, Sal P	Philadelphia
CALAMIA, DO, Joseph A	Montgomery
CALANDRA, MD, Gary B	Philadelphia
CALATA, MD, Eliseo R	Berks
CALBOT-SCZEPANSKI, MD, Cynthia L	Montgomery
CALCE, MD, John V	Lycoming
CALDER JR, MD, Joseph R	Lycoming
CALDERON, MD, Amador G	Union
CALDERON, MD, Celia S	Cambria
CALDERON, MD, Dominador C	Cambria
CALDWELL, MD, Douglas R	York
CALEB, MD, Mae H	Delaware
CALEGA, VIRGINIA C	Students
CALES, MD, Robert J	Philadelphia
CALESNICK, MD, Benjamin	Philadelphia
CALHOUN, MD, Joseph H	Philadelphia
CALIGUIRI, MD, Joseph V	Allegheny
CALIGUIRI, MD, Lawrence A	Allegheny
CALISE, MD, Crescenzo G	Luzerne
CALKINS, MD, Joseph L	Lancaster
CALLAHAN, MD, Charles M	Berks
CALLAHAN, MD, James M	Philadelphia
CALLAHAN, MD, Lawrence E	Allegheny
CALLAHAN, MD, Mary F	Philadelphia
CALLAHAN, DO, Michael E	Potter
CALLCOTT-STEVENS, MD, Victor A	Franklin
CALLEN, MD, H Samuel	Lebanon
CALLENBERGER, MD, George J	Lycoming
CALLENBERGER, MD, Ronald W	Tioga
CALLERY, MD, Gerald E	Philadelphia
CALLOWAY, MD, Daniel M	Philadelphia
CALVELO, MD, Manuel G	Allegheny
CAMA, MD, Joseph	Bradford
CAMBE, MD, Phil C	Erie
CAMBEST JR, MD, Michael A	Allegheny
CAMBRIDGE, MD, Florinda L	Philadelphia
CAMELE, MD, Robert A	Allegheny
CAMERON, MD, Donald D	Luzerne
CAMERON, MD, Donald Y	Allegheny
CAMERON, MD, Robert A	Delaware
CAMINOS, MD, Oliverio W	Allegheny
CAMITTA, MD, Francine D	York
CAMMARANO III, DO, Dominic J	Allegheny
CAMMARATA, MD, Roy J	Allegheny
CAMODY-JOHNSTON, MD, Patricia A	Philadelphia
CAMP, MD, Mark O	Delaware
CAMP, MD, William P	Montgomery
CAMPAGNA, MD, James T	Allegheny
CAMPAGNA, JOHN A	Allegheny
CAMPANA, MD, Frederick T	Westmoreland
CAMPANA, MD, Joseph F	Lycoming
CAMPANA, MD, Louis F	Lycoming
CAMPBELL, MD, Barbara J	Somerset
CAMPBELL, MD, Charles E M	Bucks
CAMPBELL, MD, David B	Dauphin
CAMPBELL, MD, David R	Columbia
CAMPBELL, MD, Ernest W	Columbia
CAMPBELL, MD, G Robert	Beaver
CAMPBELL, MD, Jennifer H	Allegheny
CAMPBELL, JOSEPH D	Allegheny
CAMPBELL, MD, Neil P	Bucks
CAMPBELL, MD, Robert E	Philadelphia
CAMPBELL, MD, Robert J	Columbia
CAMPBELL, DO, Thomas M	Luzerne
CAMPBELL, MD, Thomas P	Allegheny

CAMPBELL, MD, Twining F	Montgomery
CAMPBELL, MD, William J	Dauphin
CAMPBELL JR, MD, James M	Centre
CAMPOS, MD, Luis I	Lehigh
CANALS, MD, Joaquin	Montgomery
CANCELMO, MD, John B	Chester
CANDELARIA, MD, Josefina M	Allegheny
CANDER, MD, Leon	Philadelphia
CANDIO, MD, Joseph A	Lehigh
CANE, MD, Martin	Philadelphia
CANFIELD, PATRICIA H	Allegheny
CANINO, MD, Christopher W	Philadelphia
CANLAS, MD, Jolly B	Northampton
CANN III, MD, Thomas W	York
CANNER, MD, Gary C	Berks
CANNON, MD, Edward J	Philadelphia
CANNON, MD, Gary T	Venango
CANO, MD, Elmer R	Allegheny
CANTELLOPS, MD, Jose M	Allegheny
CANTER, MD, Harry E	Allegheny
CANTERNA, MD, Anthony C	Washington
CANTONI, MD, James D	Dauphin
CANTOR, MD, Harry	Philadelphia
CANTY, MD, Thomas P	Philadelphia
CANUSO, MD, Nicholas A	Philadelphia
CAPAROSA, MD, Ralph J	Allegheny
CAPDEVILLE, MD, Anne R	Allegheny
CAPLAN, MD, Aaron	Lawrence
CAPLAN, MD, Bernard	Philadelphia
CAPLAN, MD, Howard S	Philadelphia
CAPLAN, MD, Milton L	Lawrence
CAPLAN, MD, Murray S	Philadelphia
CAPLAN, MD, Paul S	Allegheny
CAPOBIANCO, MD, Frank M	Northampton
CAPOBRES JR, MD, Rudolfo M	Washington
CAPONE, MD, Gaetano J	Philadelphia
CAPONE, MD, Ralph A	Westmoreland
CAPONE JR, MD, Antonio	Allegheny
CAPONE JR, MD, Raymond A	Allegheny
CAPPA, MD, Robert J	Berks
CAPPARELL, MD, Homer V	Allegheny
CAPPIELLO, MD, Justin L	Lancaster
CAPPIELLO, MD, William A	Bucks
CAPPIELLO, MD, William F	Bucks
CAPPOLA JR, MD, Michael T	Philadelphia
CAPPUCCIO, MD, Matthew S	Philadelphia
CAPRINI, MD, Emilia M	Allegheny
CAPUTO, MD, Kevin P	Philadelphia
CAPUTO, MD, Larry A	Philadelphia
CAPUZZI, MD, David M	Philadelphia
CARABASI, MD, R Anthony	Philadelphia
CARABELLI, MD, Ronald J	Philadelphia
CARABELLO, MD, Charles A	Berks
CARAIMAN, MD, Myron	Allegheny
CARAMANNA, MD, James F	Westmoreland
CARAPELLA, MD, John D	Lehigh
CARAPELLOTTI, MD, Richard A	Philadelphia
CARAZOLA, MD, Joseph H	Washington
CARBAUGH, MD, Howard L	Lehigh
CARBO, DO, Anthony P	Delaware
CARBO, MD, Thomas L	Fayette
CARBONE, MD, Robert J	Erie
CARBONI, MD, Vincent A	Luzerne
CARDAMONE, MD, S Joseph	Philadelphia
CARDELLINO, MD, Thomas J	Cambria
CARDENAS, MD, Florencio P	Fayette
CARDENAS, MD, Raul	Allegheny
CARDLIN, MD, Kenneth M	Dauphin
CAREL, MD, Warren D	Philadelphia
CARELLA, MD, Richard J	Montgomery
CARETTI, MD, J William	Westmoreland
CAREY, ANDREW B	Students
CAREY, MD, Ann E	Dauphin
CAREY, MD, Edward J	Luzerne
CAREY, MD, Eva S	Allegheny
CAREY, MD, John L	Luzerne
CAREY, MD, John T	Beaver
CAREY, MD, Kevin V	Bradford
CAREY, MD, William B	Delaware
CARHART, MD, Judy A	Dauphin
CARILLO, MD, Dominick J	Philadelphia
CARIM, MD, Moiz M	Berks
CARINO, MD, Mariel G	Lackawanna
CARL, MD, David A	Luzerne
CARLIN, MD, Elwin S	Montgomery
CARLIN, MD, Gerald J	Allegheny
CARLINI, MD, Charles J	Allegheny
CARLINO, MD, James T	Jefferson
CARLOS, MD, Hector D	Bucks
CARLOUGH, MARTHA C	Students
CARLOW, MD, Joseph F	Chester
CARLSON, MD, Ardyce R	Adams
CARLSON, MD, Clifford H	Bradford
CARLSON, MD, Eric J	Delaware
CARLSON, MD, John P	Montour
CARLSON, MD, Kenneth E	Beaver
CARLSON, MD, Robert E	Montgomery
CARLSON, MD, Stephen E	Berks
CARLSON JR, MD, John A	Philadelphia
CARLUCCI, MD, Ronald J	Philadelphia
CARMEN, MD, Thomas F	Allegheny
CARMICHAEL, MD, Paul L	Montgomery
CARNABUCI, MD, Guy J	Philadelphia
CARNEVAL, DO, Daniel C	Erie
CARNEVAL, PATRICIA A	Allegheny
CARNEY, MD, David P	Lehigh
CARNEY, MD, Frank T	Cambria
CARNEY, MD, Paul L	Centre
CAROFF, MD, Romuald J	Cambria
CAROLINE, MD, Dina F	Philadelphia
CAROLIPIO, MD, Reynaldo R	Lawrence
CARP, MD, Albert A	Philadelphia
CARP, MD, Leon M	Philadelphia
CARP, MD, Mason J	Dauphin
CARPENTER, MD, Cathy P	York
CARPENTER, MD, Kim L	York
CARPENTER IV, MD, E Joel	Lehigh
CARPENTER JR, MD, John T	Montgomery
CARR, MD, James V	Allegheny
CARR, MD, William F	Dauphin
CARRASCO, MD, Mary M	Allegheny
CARRELL, MD, Robert L	Allegheny
CARRIER, MD, Ralph E	Centre
CARROLL, DO, Edmund T	Bucks
CARROLL, MD, Laurence E	Lancaster
CARROLL, MD, Nancy E	Allegheny
CARROLL, MD, Robert J	Allegheny
CARROLL, MD, Robert T	Philadelphia
CARROLL, MD, Stanton F	Philadelphia
CARROLL, ZEV	Students
CARROZZA, MD, Harry D	Philadelphia
CARRUTHERS, MD, Ralph B	Lancaster
CARSON, MD, Donald G	Allegheny
CARSON, MD, John S	Montgomery
CARSON, JON M	Students
CARSON, TERESA C	Students
CARSON, MD, Thomas E	Warren
CARSON III, MD, John N	York
CARSON JR, MD, Winfield B	Allegheny
CARTAGINESE, MD, Peter	Bradford
CARTER, MD, Donald L	Westmoreland
CARTER, MD, Howard A	Cambria
CARTER, MD, J Stephen	Westmoreland
CARTER, MD, Jan O	Allegheny
CARTER, MD, Joseph H	Erie
CARTER, MD, Judith H	Allegheny
CARTER, MD, Thomas L	Huntingdon
CARTER, W BRADFORD	Students
CARTER, MD, William A	Lancaster
CARTER JR, MD, Joseph H	York
CARTER JR, MD, William S	Montgomery
CARTWRIGHT, MD, Richard L	Cambria
CARTY JR, MD, James B	Montgomery
CARUSO, MD, David M	Elk/Cameron
CARUSO JR, MD, John	Bucks
CARVAJAL, MD, Roberto T	Bucks
CARVER, MD, Joseph R	Philadelphia
CARVER, MD, Margaret A	Fayette
CARY, MD, Gene L	Dauphin
CASADAY, MD, Floyd M	Indiana
CASAL, MD, Rolando A	Dauphin
CASALE, MD, Lawrence F	Cambria
CASALE, MD, Louis J	Bucks
CASE JR, MD, Warren G	Philadelphia
CASERIO, MD, Rebecca J	Allegheny
CASEY, MD, John D	Philadelphia
CASEY, MD, Kevin	Philadelphia
CASEY, MD, Michael P	Philadelphia
CASEY, MD, Michael P	Allegheny
CASEY, MD, Paul R	Philadelphia
CASEY, MD, Thomas J	Montgomery
CASHDOLLAR, MD, Michael R	Franklin
CASHMAN, MD, William M	Warren
CASIMO, MD, Matthew A	Allegheny
CASPER, MD, Daniel R	Westmoreland
CASSEL, MD, Franklin K	Lancaster
CASSEL, MD, John J	Lehigh
CASSEL, MD, R Douglas	Dauphin
CASSELBERRY, MD, E Josephine	Northampton
CASSELBRANT, MD, Margaretha L	Allegheny
CASSELLI, MD, Helene J	Philadelphia
CASSELMAN, MD, Hyman L	Erie
CASSENS, MD, Brett J	Philadelphia
CASSIDY, MD, Harvey D	Montour
CASSIDY, MD, Joseph A	Blair
CASSIDY, MD, Richard J	Montour
CASSIDY, MD, William J	Philadelphia
CASSOFF, MD, Richard G	Allegheny
CASSONE, MD, Gary J	Lackawanna
CASTAGNA, MD, Armand	Philadelphia
CASTALDO, MD, John E	Lehigh
CASTEL, MD, Jose M	Montgomery
CASTELLANO, MD, Thomas J	Luzerne
CASTELLI, MD, Dario D	Allegheny
CASTELLON, MD, Lourdes	Cambria
CASTELLON, MD, Mireya A	Cambria
CASTELLON-VOGEL, MD, Carlos H	Cambria
CASTERLINE, MD, Charlotte L	Luzerne
CASTERLINE, MD, Peter F	Luzerne
CASTILLENTI, MD, Guy A	Allegheny
CASTILLO, MD, Francisco A	Westmoreland
CASTILLO, MD, Jose	Philadelphia
CASTILLO, MD, Manuel M	Allegheny
CASTLE, MD, Charles A	Lancaster
CASTOR, MD, Louis H	Philadelphia
CASTRINA JR, MD, Frank P	Cumberland
CASTRO, MD, Arturo F	Allegheny
CASTRO, MD, Augusto D	Allegheny
CASTROVINCI, MD, Robert V	Philadelphia
CASWELL, MD, Horace T	Philadelphia
CATALANO, MD, Kathleen F	Westmoreland
CATALANO JR, MD, Louis W	Westmoreland
CATANIA, MD, Clifford P	Chester
CATENA, MD, Elizabeth P	Allegheny
CATENA, MD, Michael R	Allegheny
CATENA JR, MD, William P	Allegheny
CATES, MD, Jerry L	Philadelphia
CATLIN, MD, Robin J O	Berks
CATTIE, MD, Vincent J	Philadelphia
CATTON, MD, Domenic J	Blair
CATTON, MD, Raymond M	Chester
CAUFFMAN, MD, William J	Bucks
CAUTILLI, MD, Richard A	Montgomery
CAVAN, MD, Albina B	Luzerne
CAVAN, MD, John F	Luzerne
CAVANAUGH, MD, Michael F	Montgomery
CAVANAUGH JR, MD, Francis J	Allegheny
CAVASINA, MD, Mary M	Washington
CAVE, MD, Sergil L	Philadelphia
CAVENDER, MD, John C	Susquehanna
CAVOTO, MD, Michael J	Indiana
CAWOG, MD, Antoine F	Westmoreland
CECH, MD, Rosanne	Lackawanna
CEDRONE, MD, Francine Anne	Philadelphia
CEFARATTI, MD, Michael D	Berks
CELANI, MD, Victor J	Delaware
CELEBRE, MD, Joan A	Montgomery
CELIN, MD, Scott	Allegheny
CELIO, MD, Lee A	Philadelphia
CELKO, MD, David A	Allegheny
CELLINI, MD, L Luke	Delaware
CENEDELLA, MD, Stephen C	Venango
CEPEDA, MD, Elvessa P	Philadelphia
CERA JR, MD, Peter J	Montour
CERASO, MD, Louis C	Westmoreland
CERCIELLO, MD, Mark J	Lehigh
CERIANI, CAROL M	Allegheny
CERIMELE, MD, Nicholas A	Cambria
CERNE, MD, Andrew J	Westmoreland
CERNY, DO, Michael D	Westmoreland
CERON, MD, Gabriel	Wayne/Pike
CERRA, MD, Carmine J	Monroe
CERRI, MD, Hugo J M	Allegheny
CERTA, MD, Kenneth M	Philadelphia
CERTO, MD, Salvatore A	Allegheny
CERUL, MD, Maurice S	Allegheny
CESARE, MD, Joseph G	Lackawanna
CESTELLO, MD, Robert J	Allegheny
CEVALLOS, MD, Eduardo A	Bucks
CHABON, MD, Robert S	Allegheny
CHABRA, MD, Mohan L	Allegheny
CHACK, DO, Joel P	Philadelphia
CHACKO, MD, Dorothy D	Delaware
CHADAGA, MD, P C S	Schuylkill
CHADDAH, MD, Ashok	Washington
CHADWICK, MD, Harold H	Bradford
CHAFFEE, MD, John S	Erie
CHAI, MD, Chiu L	Bucks
CHAIT, MD, Arnold	Philadelphia
CHAKRAVARTHY, MD, Santhanam R	Butler
CHALAL, MD, Gerald S	Philadelphia
CHALAL, MD, Kenneth	Philadelphia
CHALFANT, MD, Richard S	Allegheny
CHALLINOR, MD, S Boyd	Allegheny
CHAMBERLAIN, MD, William H	Bucks
CHAMOVITZ, MD, Bruce N	Beaver
CHAMOVITZ, MD, Irvin	Allegheny
CHAMOVITZ, MD, Jerome	Allegheny
CHAMOVITZ, MD, Robert	Allegheny
CHAMPAGNE, MD, Emily M	Allegheny
CHAN, MD, Anne K	Philadelphia
CHAN, MD, Daniel M	Franklin
CHANDRA, MD, Prasanta C	Philadelphia
CHANDRA-MOHAN, MD, Avverahalli M	Luzerne
CHANDRAN, MD, Gopalaswamy	Cambria
CHANDRASEKARAN, MD, Ramamurti	Allegheny
CHANDRASEKARAN, MD, Sannasie	Westmoreland
CHANG, MD, Alexander C S	Allegheny
CHANG, MD, Byung D	Perry
CHANG, MD, Charles H	Westmoreland
CHANG, MD, Che-Yi	Northampton
CHANG, MD, Chris C	Dauphin
CHANG, MD, Chun S	Luzerne
CHANG, MD, Clayton W	Montgomery
CHANG, MD, Duck-Kyu	Cumberland
CHANG, MD, Helena R	Philadelphia
CHANG, MD, In-Ho	Lehigh
CHANG, MD, Kun T	Philadelphia
CHANG, MD, Raymond G	Erie
CHANGCO, MD, Alvaro N	Washington
CHANNAPATI, MD, Thippeswamy	Butler
CHANNICK, MD, Bertram J	Philadelphia
CHAPA, MD, Sukumar M	Clarion
CHAPIS, MD, Nicholas J	Montgomery
CHAPLIN, MD, Stanley S	Philadelphia
CHAPMAN, MD, Albert L	Dauphin
CHAPMAN, MD, John H	Montour
CHAPMAN, MD, William L	Allegheny
CHAPPELKA, MD, Alfred R	Philadelphia
CHARABATI, MD, Jay	Luzerne
CHAREPOO, MD, Khashaiar	Warren
CHARKES, MD, N David	Philadelphia
CHARLESWORTH, MD, Ernest E	Somerset
CHARLSON, MD, Murray T	Allegheny
CHARLTON, MD, Brian L	Bradford
CHARLTON, MD, Glenn B	Mercer
CHARNEY, MD, Richard H	Bucks
CHARNOCK, MD, Maurice P	Northampton
CHARNY, MD, Charles W	Philadelphia
CHASE, MD, Harold F	Philadelphia
CHASE, MD, Jeffrey S	Philadelphia
CHASE, MD, William D	Centre
CHASLER, MD, Nicholas L	Washington
CHASTENEY III, MD, Edward A	Philadelphia
CHAT, MD, Emanuel	Philadelphia
CHATHA, MD, Iftikhar A	Mercer
CHATREE-DUANGNET, MD, Chad	Lawrence
CHATTERJEE, MD, Anjan K	Philadelphia
CHAUDHRY, MD, Mohammad A	Monroe
CHAUDHRY, MD, Rahat M	Allegheny
CHAUDHRY, MD, Sakina A	Monroe
CHAUHAN, MD, Ambaram V	Allegheny
CHAVERN, MD, Hugh E	Westmoreland
CHAVES, MD, Fernando	Somerset
CHAVIN, KENNETH D	Students
CHAWLA, MD, Harish C	Bucks
CHAWLA, MD, Shanta	Bucks
CHAWLUK, MD, John B	Philadelphia
CHAYAPRUKS, MD, Prayun	Greene
CHEADLE, MD, Margaret J	Tioga
CHEAH, MD, Beng-Hong	Schuylkill
CHEEVER, MD, Francis S	Allegheny
CHEHADE, MONIF K	Allegheny
CHEKE, LAIRD J	Allegheny
CHEKKA, MD, Balachandra R	Erie
CHELEMER, SCOTT B	Allegheny
CHELEN, CARL J	Students
CHELIUS, MD, Alan B	Berks
CHEN, MD, An-Yu	Philadelphia
CHEN, MD, Chijen	Delaware
CHEN, MD, Douglas A	Allegheny
CHEN, MD, Henry Y	Venango
CHEN, MD, Juh-Huey	Lehigh
CHEN, MD, Mao Haiung	Philadelphia
CHEN, MD, Wei-Fan	Philadelphia
CHENETTE, MD, Philip E	Allegheny
CHENEY, MD, David M	York
CHENG, MD, Chun-Pin	Allegheny
CHENG, MD, David T L	Westmoreland
CHENG, MD, Harvey S	Lehigh
CHENG, MD, Lawrence C	Lehigh
CHENGAPPA, MD, Palecanda P	Allegheny
CHENSEE, MD, Jasper G	Berks
CHEPONIS, MD, George B	Allegheny
CHERIAN, MD, George R	Jefferson
CHERNER, MD, Rachmel	Philadelphia
CHERNEY, MD, Paul J	Philadelphia
CHERNOFF, MD, Arthur	Philadelphia
CHERNOFF, MD, Benjamin	Philadelphia
CHERNOFF, MD, Robert W	Delaware
CHERRY, MD, Louis J	Jefferson
CHERRY, MD, Scott M	York
CHERRY, MD, Steven B	Cumberland
CHERUP, MD, E David	Allegheny
CHESEN, MD, David	Philadelphia
CHESIN, MD, Carole M K	Allegheny
CHESNICK, MD, Steven R	Montgomery
CHESTNUT, MD, Wendell	Philadelphia
CHETLIN, MD, Sherwood M	Allegheny
CHETLIN, MD, Stuart H	Allegheny
CHETT, MD, Nicholas J	Berks
CHEUNG, MD, Hoo J	Blair
CHEYNEY II, MD, James B	Montgomery
CHI, MD, Nungja	Philadelphia
CHIAVACCI, MD, Wayne E	Lackawanna
CHICKLO, MD, James M	Franklin
CHICO, MD, Lauro V	Allegheny
CHICOTE, MD, Alfredo L	York
CHIDI, MD, Joseph C	Potter
CHIGER, JUDITH L	Students
CHIKARMANE, MD, Ajit M	Luzerne
CHIKARMANE, MD, Kalpana A	Luzerne
CHILD, MD, Proctor L	Lehigh
CHILDERS, MD, Robert S	Westmoreland
CHILDS, MD, Elizabeth R	Allegheny
CHILDS, MD, James E	Armstrong
CHILDS, MD, John N	Philadelphia
CHILDS, MD, Marion C	Chester
CHILIAN JR, MD, Stephen A	Elk/Cameron
CHIN, MD, Byoung Kwon	Bucks
CHINITZ, MD, Joel L	Philadelphia
CHIRICO, MD, Anna-Marie	Philadelphia
CHIRIELEISON, MD, Rocco F	Berks
CHISDAK, MD, Michael W	Bradford
CHISUM, MD, Melvin J	Philadelphia
CHIUMENTO, DO, Nicholas P	Lackawanna
CHLUDZINSKI, MD, Ronald W	Allegheny
CHMIELEWSKI, MD, Robert E	Philadelphia
CHO, MD, Doo W	Blair
CHO, MD, Jay J	Dauphin
CHO, JOHN M	Allegheny
CHO, MD, Jong S	Fayette
CHO, MD, Sang Y	Philadelphia
CHO, MD, Yong D	Washington
CHOBY, MD, John J	Bucks
CHODROFF, MD, Charles H	York
CHOGICH, MD, John C	Delaware
CHOI, MD, Byong L	Bucks
CHOI, MD, Edward M	Luzerne
CHOI, MD, Kwang Y	Crawford
CHOI, MD, Sang Y	Franklin
CHOI, MD, Sean H	Allegheny
CHOI, MD, Tohshik	Montgomery
CHOLAPRANEE, MD, Rewat	Allegheny
CHOLLAK, MD, William L	Philadelphia
CHOLLAK SR, MD, Joseph P	Luzerne
CHOMSKY, MD, David E	Philadelphia

CHONG, MD, Daniel C	Allegheny
CHOONG, MD, Shung S	Schuylkill
CHOPRA, MD, Raj P	Columbia
CHOPRA, MD, Ramesh K	Blair
CHORAZY, MD, Anna J	Allegheny
CHORAZY, MD, Zdzislaw J	Beaver
CHOTINER, MD, Bennett	Dauphin
CHOUGH, MD, Andrew C B	Allegheny
CHOWDARY, MD, Raj P	Lehigh
CHOWDHRY, MD, Zafar I	Armstrong
CHOWDHURY, MD, A Rab	Berks
CHREMOS, MD, Athanassios N	Philadelphia
CHRIST, MD, Nicholas J	Berks
CHRISTENSON, MD, Catherine M	Beaver
CHRISTIAN, MD, Horace D	Allegheny
CHRISTIAN, MD, Robert	Allegheny
CHRISTIANSEN, MD, David	Lancaster
CHRISTIANSEN, MD, Kjell H	Montgomery
CHRISTIANSON, MD, Alan D	Westmoreland
CHRISTIDES, MD, Stephan A	Philadelphia
CHRISTIE, MD, Karl B	Allegheny
CHRISTIE, DO, Peter N	Delaware
CHRISTIE, MD, Thomas	Chester
CHRISTIE, MD, William C	Allegheny
CHRISTMAN, MD, James C	Franklin
CHRISTMAN, MD, Willard W	Northumberland
CHRISTOFERSEN, MD, Mark R	Philadelphia
CHRISTOFORETTI, MD, Russell J	Washington
CHRISTOU, MD, Aristotle A	Philadelphia
CHRISTY, MD, Michael G	Allegheny
CHRISTY, MD, Wallace C	Allegheny
CHROMIAK, MD, S Blaise	Dauphin
CHRZANOWSKI, MD, Robert T	Delaware
CHU, MD, Ann M	Philadelphia
CHU, MD, Benjamin C	Bradford
CHU, MD, Donald	Philadelphia
CHU, MD, Jennifer	Philadelphia
CHU, MD, Winston	Erie
CHUA, MD, Chong V	Montgomery
CHUENSUMRAN, MD, Ongart	Allegheny
CHUENSUMRAN, MD, Rajani S	Allegheny
CHUGHTAI, MD, Arshad I	Allegheny
CHUN, MD, Sae-Il	Philadelphia
CHUN, MD, Yoon-Taek	Monroe
CHUNG, MD, C Kun	Lackawanna
CHUNG, MD, Chin D	Lawrence
CHUNG, MD, Chin-Yong	Erie
CHUNG, MD, Edward K	Philadelphia
CHUNG, MD, Hack R	Montgomery
CHUNG, MD, Hi-Young	Luzerne
CHUNG, MD, Ki Y	Allegheny
CHUNG, MD, Kwang H	Allegheny
CHUNG, MD, Whan S	Philadelphia
CHUNG, MD, Yoon Jin	Westmoreland
CHUNN, MD, Livingston	Philadelphia
CHUONG, MD, Vanky	Allegheny
CHURCH, MD, Paul A	Lehigh
CIACCI, MD, Vincent W	Chester
CIANCIULLI, MD, Francis D	Delaware
CIANFRANI, MD, Peter M	Bucks
CIANNI, MD, Ronald J	Lackawanna
CIAVARELLI, MD, Anthony G	Montgomery
CICCARELLI, MD, Clem A	York
CICCARELLI, MD, Harold E	Allegheny
CICCARELLI, MD, Lee M	Lycoming
CICCHIELLO, MD, James R	Northumberland
CICCHINO, MD, Frank E	Allegheny
CICCO, MD, Robert C	Allegheny
CICCONE, MD, Emmett F	Philadelphia
CICCONE, MD, Patrick E	Montgomery
CICHELLI, MD, Andrew V	Philadelphia
CICHON, MD, Philip J	Allegheny
CIECKO, DO, Edward John P	Philadelphia
CIENCIVA, MD, Rosemaria J	Elk/Cameron
CIESIELKA, MD, Kenneth	Allegheny
CIESLA, MD, William P	Adams
CIGANIC, MD, Ratimir R	Allegheny
CIGNETTI, MD, Franklin E	Allegheny
CINBERG, MD, Leonard A	Philadelphia
CINCALA, DO, Robert P	Allegheny
CINCO, MD, Victorio B	Chester
CINCOTTA, MD, Janet F	Dauphin
CINCOTTA, MD, Joseph A	Dauphin
CINELLI, MD, Cleto G	Berks
CIOTOLA, MD, Augustine A	Luzerne
CIOTOLA, MD, Thomas J	Luzerne
CIPOLLA, MD, Charles F	Lycoming
CIRELLI, MD, Mario G	Philadelphia
CIRILLO, VICKI A	Students
CIRONE, MARIA	Students
CIROTTI, MD, Joseph J	Montgomery
CITRO, MD, Laurence A	Berks
CITRONE, MD, Peter J	Allegheny
CIVITARESE, DO, Frank A	Allegheny
CIVITARESE, MD, Louis R	Allegheny
CLADEL, MD, Charles E	Dauphin
CLADER, MD, Stanley C	Montgomery
CLANCY, MD, Michael	Philadelphia
CLARDY, JOHN M	Students
CLARE, MD, David W	Allegheny
CLARE, MD, Henry E	Delaware
CLARK, MD, Ann K	Westmoreland
CLARK, MD, Barry A	Tioga
CLARK, DANIEL C	Allegheny
CLARK, MD, David P	Lebanon
CLARK, MD, Donald L	Philadelphia
CLARK, MD, Edward L	Philadelphia
CLARK, MD, Grant C	Columbia
CLARK, MD, James E	Delaware
CLARK, MD, John K	Philadelphia
CLARK, MD, Joseph G	Chester
CLARK, MD, Joseph M	Lebanon
CLARK, MD, Lawrence M	Clarion
CLARK, MD, Mary D	Indiana
CLARK, MD, William H	Allegheny
CLARKE, MD, Ann E	Montgomery
CLARKE, MD, Charles E	Allegheny
CLARKE, MD, Franklyn R	Bucks
CLARKE, MD, Frederick T	Northampton
CLARKE, MD, John R	Philadelphia
CLARKE, MD, Leon E	Philadelphia
CLARKE, MD, Robert H	Allegheny
CLARKE, MD, William F	Philadelphia
CLASSEN, MD, Charles H	Montgomery
CLAUHS, MD, Ronald P	Chester
CLAUSS, MD, Thomas F	Lackawanna
CLAY, MD, Bettie W	Chester
CLAYTON, DO, John S	Chester
CLAYTON, MD, Richard J	Chester
CLAYTON, MD, Thomas D	Chester
CLAYTON JR, MD, Samuel T	Dauphin
CLEARFIELD, MD, Harris R	Philadelphia
CLEARFIELD, MD, Ronald J	Westmoreland
CLEAVER, MD, Clarence P	Columbia
CLEAVER, MD, Dorothy M	Montgomery
CLEAVER, MD, E Eugene	Montgomery
CLELAND, MD, James W	Delaware
CLEMENS, MD, Ruth P	Allegheny
CLEMENS, MD, Thomas M	Lebanon
CLEMENT, MD, Gordon S	Montgomery
CLEMENT, MD, John A	Montour
CLEMENTS, MD, David H	Westmoreland
CLEMENTS, MD, Harry H	Allegheny
CLEMENTS, MD, James K	Washington
CLEMENTS, MD, William W	Montgomery
CLERF, MD, Louis H	Philadelphia
CLEVELAND, MD, Albert F	Delaware
CLEVENGER, MD, Robert W	Allegheny
CLEVER, MD, John E	Allegheny
CLIFFORD, MD, F David	Warren
CLIPP, MD, Samuel W	Bucks
CLOHECY, MD, Robert J	Allegheny
CLOSE, MD, Richard	Berks
CLOSKEY, MD, Gregory M	Montgomery
CLOSSON, MD, Edward W	Philadelphia
CLOUGH, MD, Douglas F	Allegheny
CLUTZ, MD, Paul A	Franklin
CLYMAN, MD, Byron	Montgomery
CLYMER, MD, Robert H	Berks
COADY, MD, Mary L	Montgomery
COAR, MD, George R	Dauphin
COATES JR, MD, John B	Chester
COBB, MD, Blaine W	Bradford
COBB, MD, Charles F	Allegheny
COBEN, MD, Robert M	Philadelphia
COBERN, MD, Charles B	Cambria
COBERT, MD, Howard S	Philadelphia
COBETTO, MD, Bernard H	Westmoreland
COBLENTZ, MD, Robert H	Allegheny
COCHRAN, MD, Bryce C	Jefferson
COCHRAN, MD, James F	Northampton
COCHRAN, MD, Terence A	Lackawanna
COCHRAN, MD, William C	Montgomery
COFF, MD, Philip M	Bucks
COFFEY, MD, Jesse O	Delaware
COFFEY, MD, William F	Philadelphia
COFFMAN, MD, Kaohlin M	Lycoming
COGLEY, MD, Richard L	Erie
COHEN, MD, Allan M	Chester
COHEN, MD, Archibald C	Butler
COHEN, MD, Arnold W	Philadelphia
COHEN, MD, Bernard I	Allegheny
COHEN, MD, Bruce A	Berks
COHEN, MD, Cathy S	Allegheny
COHEN, MD, David J	Philadelphia
COHEN, MD, David L	York
COHEN, MD, Donald L	Mercer
COHEN, MD, Edwin E	Lycoming
COHEN, MD, Erwin A	Philadelphia
COHEN, MD, H Elliott	Philadelphia
COHEN, MD, H Emmanuel	Philadelphia
COHEN, MD, Harry W	Philadelphia
COHEN, MD, Howard R	Cumberland
COHEN, MD, Ira J K	Allegheny
COHEN, MD, J Stanley	Philadelphia
COHEN, MD, Jacob H	Montgomery
COHEN, MD, Jacob J	Philadelphia
COHEN, MD, Jeffrey A	Philadelphia
COHEN, MD, Jeffrey K	Allegheny
COHEN, MD, Kenneth D	Philadelphia
COHEN, MD, Kenneth R	Philadelphia
COHEN, MD, Larry K	Allegheny
COHEN, MD, Larry W	Montgomery
COHEN, MD, Leonard M	Allegheny
COHEN, MALANIE H	Students
COHEN, MD, Manfred L	Allegheny
COHEN, MD, Martin A	Bucks
COHEN, MD, Merrill A	York
COHEN, MD, Merton E	Northampton
COHEN, MD, Meyer A	Philadelphia
COHEN, MD, Michael M	Philadelphia
COHEN, MD, Milton H	Mifflin/Juniata
COHEN, MD, Milton H	York
COHEN, MD, Norman F	Philadelphia
COHEN, MD, Norman F	Allegheny
COHEN, MD, Norman N	Philadelphia
COHEN, MD, Paul A G	Philadelphia
COHEN, MD, Peter Z	Allegheny
COHEN, MD, Raphael M	Philadelphia
COHEN, MD, Robert	Bradford
COHEN, MD, Robert A	Westmoreland
COHEN, MD, Robert M	Philadelphia
COHEN, MD, Robert V	Philadelphia
COHEN, MD, Samuel	Indiana
COHEN, MD, Samuel F	Montgomery
COHEN, MD, Sarle H	Philadelphia
COHEN, MD, Sherwood V	Philadelphia
COHEN, MD, Stanley N	Philadelphia
COHEN, MD, Steven S	Beaver
COHEN, MD, Theodore B	Philadelphia
COHEN, MD, Tom	Luzerne
COHEN, MD, William W	Erie
COHICK, MD, Bruce S	Dauphin
COHLER, MD, Alan	Montgomery
COHN, MD, Burton H	Dauphin
COHN, MD, C Harold	Berks
COHN, MD, Edwin M	Philadelphia
COHN, MD, Gerald H	Montour
COHN, MD, Herbert E	Philadelphia
COHN, MD, John R	Philadelphia
COHN, MD, Ronald E	Allegheny
COLAIACO, MD, Victor I	Mercer
COLANGELO, MD, Anthony	Lawrence
COLANTONI, MD, William	Washington
COLASANTE, MD, Anthony D	Northampton
COLATRELLA, MD, Anthony M	Allegheny
COLAVINCENZO, MD, John W	Beaver
COLBERG, MD, James E	Philadelphia
COLBURN JR, MD, Harold L	Philadelphia
COLCHER, MD, Irving S	Montgomery
COLCHER, MD, Robert E	Montgomery
COLDREN, MD, Robert L	Dauphin
COLE, MD, Charles E	Allegheny
COLE, MD, Charles E	Lycoming
COLE, MD, Dennis G	Erie
COLE, MD, Jack E	Northampton
COLE, MD, James M	Montour
COLE, MD, K Niki	Philadelphia
COLE, MD, Richard A	Erie
COLE EXEC, MD, Richard S	Westmoreland
COLELLA, JOSEPH J	Students
COLEMAN, MD, Donald K	Northampton
COLEMAN, MD, Ernest H	Centre
COLEMAN, MD, Linda L	Montour
COLEMAN, MD, Thomas H	Lackawanna
COLEMAN JR, MD, Ernest H	Dauphin
COLEMAN-BRACKEN, DO, Barbara A	Delaware
COLETTA, MD, Anthony V	Philadelphia
COLETTA, MD, Daniel J	Bucks
COLLER, MD, Daniel H	Dauphin
COLLEY, MD, Alfred L	Philadelphia
COLLEY, MD, Arthur T	Montour
COLLIER, MD, Paul E	Allegheny
COLLINS, MD, Clyde A	Lackawanna
COLLINS, MD, Lawrence A	Allegheny
COLLINS, MD, Leonard R	Lycoming
COLLINS JR, MD, James A	Montour
COLLINS JR, MD, Richard F	Allegheny
COLLURA, MD, Paul T	Lancaster
COLMENAR, MD, Antonio B	Philadelphia
COLMENARES, MD, Ruperto F	Berks
COLODNY, MD, Stephen M	Allegheny
COLOMBO, MD, James L	Delaware
COLOMBO, MD, John M	Delaware
COLOMEDA, MD, Regio S	Montgomery
COLOSI, MD, Nicholas A	Montgomery
COLTMAN, MD, Arthur B	Philadelphia
COLTON, MD, Nathan H	Philadelphia
COLUMBUS, MD, Michael J	Philadelphia
COLVIN, MD, Victor G	Bedford
COMBER, PAUL G	Students
COMER, MD, Nathan L	Philadelphia
COMEROTA, MD, Anthony J	Philadelphia
COMESS, MD, Raymond R	Berks
COMISKEY, DO, Walter M	Philadelphia
COMSTOCK, MD, Lloyd K	Allegheny
CONAHAN, MD, Bernardin Q	Bucks
CONAHAN, MD, Thomas J	Luzerne
CONAHAN JR, MD, Joseph B	Monroe
CONAWAY, MD, Bruce E	Allegheny
CONCILUS, MD, Frank	Allegheny
CONCOOL, MD, Barry M	Bucks
CONDON, MD, Robert H	Delaware
CONDRON, MD, Brian P	Lancaster
CONE, MD, Alexander S	Allegheny
CONGEDO, MD, Carol Z	Allegheny
CONKLIN, MD, James E	Allegheny
CONKLIN, MD, Stanley D	Bradford
CONKLIN, MD, William T	Allegheny
CONLIN, MD, Edward F	Mercer
CONLY, MD, Frank L	Clinton
CONN, MD, Frank W	Bedford
CONN, MD, William V	Allegheny
CONNAUGHTON, MD, James F	Chester
CONNAUGHTON, MD, Patrick N	Lancaster
CONNELL, MD, Janet T	Chester
CONNELL, THOMAS A	Students
CONNELLY, MD, Jehue R	Fayette
CONNELLY, MD, Michael E	Mercer
CONNER, MD, Gary J	Allegheny
CONNER, MD, George H	Lebanon
CONNER, MD, J Hubert	Delaware
CONNER, MD, Kenneth B	Dauphin
CONNERTON, MD, George E	Berks
CONNOLE, MD, John F	Blair
CONNOLLY, MD, David P	Allegheny
CONNOLLY, MD, Steven M	Allegheny
CONNOLLY, DO, William S	Schuylkill
CONNOLLY JR, MD, John M	Bucks
CONNOR, DO, Janetta V	Philadelphia
CONNOR, DO, Joseph P	Philadelphia
CONNOR, MD, Robert W	Montgomery
CONNOR, MD, Susan A	Clarion
CONNORS, MD, Charles F	Lackawanna
CONNORS JR, MD, Earl K	Bucks
CONRAD, MD, Donald C	Dauphin
CONRAD, MD, James L	Bucks
CONRAD, MD, Joseph E	Schuylkill
CONRAD, MD, Rebecca S	Philadelphia
CONRAD, MD, Wayne R	Lancaster
CONRADY, MD, William E	Beaver
CONROY, DO, James F	Philadelphia
CONROY, MD, John J	York
CONROY, MD, Joseph V	Philadelphia
CONROY JR, DO, John D	Philadelphia
CONSALVO, MD, John A	Luzerne
CONSTANTINE, MD, Jay J	Philadelphia
CONTE, MD, Anthony A	Beaver
CONTE, MD, Robert R	Westmoreland
CONTINO, MD, John A	Philadelphia
CONTRACTOR, MD, Farhad M	Allegheny
CONWAY, MD, Cyril F	Lycoming
COOK, MD, David G	Philadelphia
COOK, MD, David R	Allegheny
COOK, MD, Donald H	Chester
COOK, MARILUE M	Allegheny
COOK, MD, Ralph W	Fayette
COOK, MD, Richard A	Fayette
COOK, MD, Richard P	Bucks
COOK, MD, William L	Delaware
COOK, MD, William R	Allegheny
COOKE, MD, Nora	Cumberland
COOKE JR, MD, Alfred J	Lancaster
COOKS, MD, Michael	Philadelphia
COOLER, MD, Stewart	Philadelphia
COOLEY, MD, William C	Washington
COOLIDGE, MD, William A	Tioga
COONEL, MD, Pauline	Philadelphia
COOPER, MD, David J	Chester
COOPER, MD, David R	Luzerne
COOPER, MD, Donald R	Philadelphia
COOPER, MD, Edward I	Philadelphia
COOPER, MD, Edward S	Philadelphia
COOPER, MD, Emmett M	Lancaster
COOPER, MD, Harold B	Schuylkill
COOPER, MD, Harry S	Philadelphia
COOPER, MD, Helen C	Luzerne
COOPER, MD, Homi S	Erie
COOPER, MD, Jean W	Philadelphia
COOPER, MD, Jeanne A	Allegheny
COOPER, MD, Joseph D	Montour
COOPER, MD, Joseph E	Luzerne
COOPER, MD, Joseph H	Delaware
COOPER, MD, Kenneth L	Lycoming
COOPER, MD, Mark W	Philadelphia
COOPER, MD, Martin	Philadelphia
COOPER, MD, Max M	Philadelphia
COOPER, MD, Murray S	Montgomery
COOPER, MD, Stephen	Centre
COOPER, MD, William M	Allegheny
COOPER, MD, Wynne B	Allegheny
COOPER III, MD, Herbert K	Lancaster
COOPER JR, MD, E Newbold	Delaware
COOPER JR, MD, Herbert K	Lancaster
COOPER JR, LESLIE T	Students
COOPER JR, MD, Paul N	Allegheny
COOPERSTEIN, MD, Lawrence A	Allegheny
COOPERSTEIN, DO, Mark S	Lancaster
COOPEY, MD, F David	Lebanon
COORAY, MD, Charles N	Allegheny
COPE, MD, Constantin	Philadelphia
COPE, MD, David A	Berks
COPE, MD, Donald I	Butler
COPE, MD, Edwin S	Carbon
COPELAN, MD, Herbert W	Philadelphia
COPELAND, MD, Adrian D	Philadelphia
COPELAND, MD, Charles E	Allegheny
COPELAND, MD, Nathaniel H	Philadelphia
COPPERMAN, MD, Gertrude	Philadelphia
COPPES, MD, Charles D	Philadelphia
COPPOLINO, MD, John F	Philadelphia
COPPOLO, MD, Bernard L	Elk/Cameron
COPPOLO JR, MD, Bernard L	Indiana
COPPULA, MD, Robert J	Washington
COPPULA, MD, William F	Allegheny
CORAZZA, MD, Douglas P	Philadelphia
CORAZZA, MD, Leo J	Luzerne
CORBA, MD, Joseph S	Allegheny
CORBET, MD, Roland H	Venango
CORBETT, MD, John M	Lawrence
CORCINO JR, MD, Baltazar L	Clearfield
CORCORAN, MD, Albert W	Allegheny
CORCORAN, MD, James	Mckean
CORCORAN, MD, John J	Lancaster
CORDAS, DO, Michael	Northumberland
CORDERO, MD, Edgar C	Allegheny
CORDERO, MD, Hermelinda	Luzerne
CORDOBA, MD, Diego R	Armstrong
COREN, MD, Gary S	Philadelphia
COREY, MD, Peter J	Luzerne
COREY, MD, Stephen H	Allegheny
CORFF, MD, Meyer	Philadelphia
CORKHILL JR, MD, Eric A	Montgomery
CORMAN, MD, Lev A	Philadelphia
CORMAN, MD, Paul M	Centre

CORNACCHIONE, DO, Mario J	Luzerne
CORNELIUS, MD, Jack R	Allegheny
CORNELL, MD, James F	Lehigh
CORNELL, MD, Lynne L	Erie
CORNES, MD, Cleon L	Allegheny
CORNFIELD, MD, Dennis B	Philadelphia
CORNISH, MD, James W	Montgomery
CORNMAN III, MD, Henry D	Montgomery
COROSO, MD, Joseph G	Allegheny
CORPUZ JR, MD, Marcelo B	Allegheny
CORRADO, MD, Gail C	Montgomery
CORRADO, MD, Michael L	Philadelphia
CORRADO, MD, Sandra H	Bucks
CORRADO JR, MD, Albert V	Allegheny
CORRADO JR, MD, Cataldo F	Fayette
CORRAL, MD, Celestino F	Allegheny
CORREA-MEYER, MD, Paulo M	Delaware
CORRIGAN, MD, Dominic F	Montgomery
CORRIGAN, MD, Lawrence F	Luzerne
CORSELLO, MD, Guy R	Allegheny
CORSELLO, MD, Whitney C	Allegheny
CORSON, GAIL R	Students
CORSON, MD, Geoffrey A	Dauphin
CORSON, MD, Hampton P	Cambria
CORSON, MD, Joseph K	Philadelphia
CORSON, MD, Stephen L	Philadelphia
CORSON, MD, Thomas C	Columbia
CORTES, MD, Miguel A	Philadelphia
CORTES JR, MD, Candido T	Crawford
CORTEZA, MD, Benjamin A	Columbia
CORTINOVIS, MD, Charles R	Washington
CORVASCE, MD, Joseph M	Philadelphia
CORWIN, MD, Douglas T	Washington
COSGROVE, MD, Ellen M	Delaware
COSGROVE, MD, James L	Allegheny
COSLETT, DOUGLAS S	Students
COSSROW, MD, Joel I	Beaver
COSTA, MD, Frank J	Allegheny
COSTA, MD, Jose M	Jefferson
COSTA, MD, Ronald E	Huntingdon
COSTA-GRECO, MD, Maria A	Allegheny
COSTANZA, MD, Agatha H	Northampton
COSTELLO, MD, Ralph M	Westmoreland
COSTELLO JR, MD, John M	York
COSTLOW, MD, James S	Allegheny
COTLER, MD, Jerome M	Philadelphia
COTTER, MD, Ralph E	Allegheny
COTTINGTON, MD, Gordon M	Butler
COTTLE, MD, Betty L	Blair
COTTLE, MD, Harold R	Blair
COTTONE, MD, Benjamin J	Lackawanna
COTTRELL, MD, David C	Philadelphia
COUCH, MD, F Boyd	Westmoreland
COUCH, MD, James B	Philadelphia
COULTER, MD, Clinton R	Clarion
COUNCELL, MD, Richard B	Allegheny
COURSIN, MD, David B	Lancaster
COURTNEY, MD, Drew E	Lebanon
COURTNEY, MD, William B	Westmoreland
COUSOUNIS, MD, Gerry T	Philadelphia
COVALLA, MD, John R	Clearfield
COVELL, MD, John B	Clinton
COVERDALE, MD, Edward J	Bucks
COVERDALE, MD, Paul J	Bucks
COVERDALE III, MD, Edward J	Bucks
COVEY, MD, John K	Centre
COWAN, MD, Daniel F	Philadelphia
COWAN, MD, Thomas W	Allegheny
COWEN, DO, Stephen P	Philadelphia
COWGER, MD, David	Clinton
COWITZ, MD, Bernard	Philadelphia
COWLEY, MD, Allen W	Dauphin
COX, MD, James L	Philadelphia
COX, MD, John B	Allegheny
COX, MD, N Adele	Philadelphia
COX, MD, Paul A	Cumberland
COX, MD, Ralph L	Fayette
COYLE, MD, John J	Luzerne
COYLE, MD, Patrick J	Philadelphia
COYLE, MD, Robert M	Allegheny
COYLE, MD, Sophie J	Allegheny
COYLE, MD, William A	Delaware
COYNE, MD, Richard J	Philadelphia
COYNE, MD, Veronica E	Bucks
COZINE, MD, Richard A	Lycoming
COZZA JR, MD, Michael R	Beaver
COZZARELLI, MD, James D	Montgomery
CRAGO, MD, H Robert	Mercer
CRAIG, MD, Paul C	Berks
CRAIG, MD, Richard A	York
CRAIN, MD, Richard H	Beaver
CRAKE, MD, Roger F	Columbia
CRAM, MD, Robert H	Philadelphia
CRAMER, MD, Arnold J	Montgomery
CRAMER, DO, David I	Centre
CRAMP, MD, Lloyd L	Berks
CRAMTON, MD, David C	Luzerne
CRANDALL, MD, Theodore L	Allegheny
CRANDALL III, MD, Richard A	Lancaster
CRANE, MD, A Reynolds	Philadelphia
CRAPARO, MD, Thomas J	Lackawanna
CRAVETZ, MD, Howard	Montgomery
CRAWFORD, MD, Cheryl A	Allegheny
CRAWFORD, MD, Donald G	Dauphin
CRAWFORD, MD, George A	Franklin
CRAWFORD JR, MD, Ralph W	Blair
CREASY, MD, George W	Dauphin
CREECH, MD, Richard H	Philadelphia
CREIGHTON JR, MD, Daniel K	Mifflin/Juniata
CRETEKOS, MD, Constantine J	Allegheny
CRETELLA, MD, Thomas S	Columbia
CRIDEN, MD, Louis E	Delaware
CRIDER, MD, Donald B	Blair
CRIEP, MD, Leo H	Allegheny
CRILL, MD, Norman C	Lancaster
CRISPEN, MD, James F	Dauphin
CRISPEN, MD, John W	Adams
CRISPINO, MD, Charles M	Allegheny
CRIST, MD, Henry S	Cumberland
CRISTOL, MD, David S	Philadelphia
CRISTOL, MD, James L	Philadelphia
CRISWELL, MD, Samuel W	Lehigh
CRITS, MD, Harry J	Montgomery
CRITTENDEN, MD, Donald W	Bucks
CRITTENDEN, MD, George B	Erie
CROCK, MD, Frederick W	Allegheny
CROCKETT, MD, Barbara A	Delaware
CROLEY, MD, James T	Schuylkill
CROLL, MD, Millard N	Philadelphia
CROMO, SANDRA A	Students
CROMPTON, MD, Richard E	Luzerne
CRONIN, MD, Dennis W	Philadelphia
CRONKEY, MD, Joseph E	Lackawanna
CROSS, MD, Albert J	Lackawanna
CROSS, MD, Raquel	Erie
CROSS JR, MD, Samuel	Armstrong
CROTEAU, MD, J Russell	Dauphin
CROTHERS, MD, W Gifford	Delaware
CROUSE, MD, George W	Westmoreland
CROVATTO, MD, Arthur C	York
CROWLEY, MD, Patricia A	Allegheny
CROYLE, MD, Ray W	Westmoreland
CRUCIANI JR, MD, Dominick A	Lackawanna
CRUDO, MD, Chito M	Westmoreland
CRUFT, MD, George E	Philadelphia
CRUM, MD, George E	Allegheny
CRUMAY, MD, Hugh M	Dauphin
CRUMRINE, MD, Richard S	Beaver
CRUSE, MD, Joseph R	Berks
CRUTCHER, MD, James E	Berks
CRUZ, MD, Alexander C	Montgomery
CRUZ, MD, Alice M	Greene
CRUZ, MD, Edgardo S	Lehigh
CRUZ, MD, Rogelio A	Erie
CRUZ, MD, Trinidad T	Greene
CRUZ JR, MD, Moises B	Potter
CRYER, MD, Theodore H	Franklin
CRYSTAL, MD, Harry	Berks
CRYSTLE, MD, C Deans	Lancaster
CSIKOS, MD, David A	Cambria
CSIR, MD, Floyd M	Erie
CUASAY, MD, Ramon S	Luzerne
CUBLER, MD, Edward W	Schuylkill
CUCINOTTA, MD, Salvatore	Philadelphia
CUDDEBACK, MD, Thomas J	Allegheny
CUDDY, MD, Vincent D	Beaver
CUISON, MD, Navora G	Delaware
CUISON, MD, Sergio Q	Delaware
CULBERTSON, MD, Clayton E	Washington
CULF, MD, Norris K	Philadelphia
CULIG, MD, Carl A	Allegheny
CULLEN, MD, Esker W	Centre
CULLEN, MD, Milton L	Philadelphia
CULLEY, MD, Andrew W	Beaver
CULOTTA, MD, Dominic A	Bucks
CULP, MD, Robert T	Venango
CULYBA, MD, Michael J	Beaver
CUMMINGS, MD, Clarence W	Allegheny
CUMMINGS, PETER D	Students
CUNNINGHAM, MD, J David	Montgomery
CUNNINGHAM, MD, John R	Erie
CUNNINGHAM, MD, Peter L	Northampton
CUNNINGHAM, MD, William L	Washington
CURCI, MD, Joseph J	Bucks
CURCIO III, MD, Frederick D	Dauphin
CURLEY, MD, Henry E	Allegheny
CURRAN, MD, Marilyn R	Montgomery
CURRID, MD, Aideen M	Montour
CURRIE, MD, Philip W	Westmoreland
CURRIE, MD, Richard J	Philadelphia
CURRY, MD, Joseph L	Northampton
CURRY, MD, Thomas A	Schuylkill
CURRY JR, MD, William O	Montour
CURTI, MD, Brendan D	Dauphin
CURTIN, MD, Charles T	Lackawanna
CURTIN, MD, Eugene A	Lackawanna
CURTIN, MD, Hugh D	Allegheny
CURTIN, MD, John J	Philadelphia
CURTIS, MD, Craig W	Beaver
CURTIS, MD, James L	Montour
CUSHING, MD, William J	Allegheny
CUSTER, MD, Richard P	Philadelphia
CUSTODIO, MD, Edgardo C	Lehigh
CUTLER, MD, Charles	Montgomery
CUTLER, MD, Irvin	Philadelphia
CUTLER, MD, Neil	Philadelphia
CUTLER, MD, Robert S	Chester
CUTRY, MD, Joseph J	Potter
CUTULY, MD, Eugene	Allegheny
CWIK, MD, John C	Cambria
CYGAN, MD, David J	Allegheny
CYMERMAN, MD, Frank R	Allegheny
CYNN, MD, Won S	Philadelphia
CZARNECKI, MD, Casimir	Philadelphia
CZARNECKI, MD, Dorothy G	Philadelphia
CZARNECKI, MD, Nancy S	Philadelphia
CZWALINA, DO, Robert	Luzerne

D

D'ALONZO, MD, Walter A	Philadelphia
DABB, MD, Richard W	York
DABBACK, MD, Dewitt T	Chester
DABROWIECKI, MD, Diane B	Lycoming
DACOSTA, MD, Joao B	Allegheny
DADPARVAR, MD, Simin D	Philadelphia
DAFFNER, MD, Richard H	Allegheny
DAFTARY, MD, Sudhir R	Lawrence
DAGEN, MD, J Edward	Cumberland
DAGEN, DO, Rose M	Franklin
DAGHESTANI, MD, Aiman N	Crawford
DAGOSTINO, MD, Frank J	Northampton
DAGOSTINO, MD, Valentino	Philadelphia
DAHLE, DO, Ralph E	Dauphin
DAHMUS, MD, Robert R	Dauphin
DAIELLO, MD, David C	Berks
DAIL, MD, Eric M	Erie
DAILEY, MD, Edward G	Dauphin
DAILEY, MD, Ellen E	Erie
DAINIUS, MD, Alfonsas	Luzerne
DAIT, MD, Jose E	Carbon
DAITER, MD, Donald	Philadelphia
DAITER, ERIC	Students
DAJANI, MD, Taher A	Armstrong
DAKIN, MD, Theodore P	Westmoreland
DALE, MD, Anthony D	Philadelphia
DALE, MD, H Thompson	Centre
DALE II, MD, Leonard E	Tioga
DALE JR, MD, Hiram T	Northampton
DALEY, MD, Marvin C	Lancaster
DALLABRIDA, MD, Marguerite R	Northumberland
DALRYMPLE, MD, W Howard	Delaware
DALTORIO, MD, Ronald A	Allegheny
DALY, MD, Christopher X	Philadelphia
DALY, MD, David G	Berks
DALY, MD, Michael J	Allegheny
DALY, MD, William J	Montgomery
DALY JR, MD, James F	Dauphin
DALY JR, MD, Michael J	Philadelphia
DALY JR, MD, Richard H	York
DAMANDA, MD, Christopher	Philadelphia
DAMATO, MD, Samuel L	Lancaster
DAMAZO, MD, Elpidio D	Beaver
DAMAZO, MD, Natividad S	Beaver
DAMESHEK, MD, H Lee	Allegheny
DAMIANO, MD, Robert E	Chester
DAMJANOV, MD, Ivan	Philadelphia
DAMORE, MD, David L	Mercer
DAMSKER, MD, Jeffrey I	Philadelphia
DANAIE, MD, Nosratollah	Allegheny
DANCA, MD, Alfred F	Luzerne
DANDO, MD, Carl F	Allegheny
DANDREA, MD, Linda M	Philadelphia
DANDREA, MD, Raymond L	Cambria
DANESHARD, SHAHROKH	Allegheny
DANFORTH, MD, Nicholas	Montour
DANGELO, MD, Carl F	Lehigh
DANGELO, MD, George J	Erie
DANGELO, MD, Marc S	Philadelphia
DANGIO, MD, Giulio J	Philadelphia
DANIELE, MD, Joseph Q	Erie
DANIELS, MD, Dan	Jefferson
DANIS, MD, Martha J	Philadelphia
DANISHANKO, MD, Albert G	Luzerne
DANKMYER, MD, Frederick L	Schuylkill
DANKO, MD, Eugene T	Allegheny
DANNEKER, MD, Dale A	Centre
DANNENBURG, MD, Arthur M	Philadelphia
DANOFF, MD, David M	Montgomery
DANOFF, MD, Mike	Allegheny
DANOWSKI, MD, Thaddeus S	Allegheny
DANTONIO, MD, James A	Allegheny
DANYO, MD, J Joseph	York
DANZI, MD, Joseph T	Bradford
DANZIS, DO, Jeffrey J	Bucks
DAQUILANTE, MD, Debra A	Lackawanna
DARKES, MD, William	Schuylkill
DARNALL, MD, Jeffrey T	Delaware
DARNELL, MD, Richard I	Bucks
DAROWISH, DO, Charles E	Dauphin
DAS, MD, Arunava	Greene
DASCHER JR, MD, John J	Montgomery
DASH, MD, Nilima	Allegheny
DASHE, MD, Myer M	Berks
DASTUR, MD, Khurshed J	Allegheny
DATTA, MD, Bhupinder S	Allegheny
DATTA, MD, Tapan D	Westmoreland
DATTILO, MD, James T	Allegheny
DAUE JR, MD, Edwin O	Dauphin
DAUGHERTY, MD, Donald	York
DAULER, MD, Thomas P	Centre
DAURIA, MD, Thomas M	Fayette
DAVENPORT, MD, Arthur B	Wyoming
DAVIDES, MD, Kyriakos C	Allegheny
DAVIDSON, MD, Cary A	Monroe
DAVIDSON, DO, James P	Clearfield
DAVIDSON, MD, Jay H	Philadelphia
DAVIDSON, MD, Paul R	Lancaster
DAVIDSON, MD, Richard S	Philadelphia
DAVIDSON, MD, Steven J	Philadelphia
DAVIDSON, MD, Wallace L	Montgomery
DAVIDSON JR, MD, William R	Lebanon
DAVIE, MD, Frank M	Westmoreland
DAVIES, MD, Thomas E	Tioga
DAVILA, MD, Juan E	Philadelphia
DAVIS, MD, Allan S	Lancaster
DAVIS, BOLIVIA T	Students
DAVIS, MD, C Nelson	Philadelphia
DAVIS, MD, Daniel T	Luzerne
DAVIS, MD, Dennis	Washington
DAVIS, MD, Donald D	Allegheny
DAVIS, MD, Duane E	Montour
DAVIS, MD, Earl Clayton	York
DAVIS, MD, Earle R	Allegheny
DAVIS, MD, Edward W	Montgomery
DAVIS, MD, George B	Luzerne
DAVIS, MD, H Robert	Cumberland
DAVIS, MD, Harold J	Lackawanna
DAVIS, MD, Harriet J	Bucks
DAVIS, MD, Irene B	Lancaster
DAVIS, MD, J Mostyn	Montour
DAVIS, MD, James H	York
DAVIS, MD, James K	Cambria
DAVIS, MD, John W	Philadelphia
DAVIS, MD, Murray C	Tioga
DAVIS, MD, Paul K	Dauphin
DAVIS, MD, Raymond C	Susquehanna
DAVIS, MD, Richard A	Philadelphia
DAVIS, MD, Richard L	Allegheny
DAVIS, MD, Robert E	Allegheny
DAVIS, MD, Robert H	Dauphin
DAVIS, MD, Robert M	York
DAVIS, SHEILA J	Students
DAVIS, MD, Sidney	Union
DAVIS, MD, Stephen J	Dauphin
DAVIS, MD, Stuart M	Tioga
DAVIS, MD, Thomas G	Philadelphia
DAVIS, MD, Thomas P	Franklin
DAVIS, MD, Thomas S	Dauphin
DAVIS, MD, Toye G	Chester
DAVIS, MD, William B	Berks
DAVIS, MD, William F	Wayne/Pike
DAVIS, MD, William L	Franklin
DAVIS, MD, William S	Dauphin
DAVIS JR, MD, Edward T	Beaver
DAVIS JR, MD, Robert V	Lackawanna
DAVIS JR, MD, Rollin V	Allegheny
DAVISON, MD, Francis W	Montour
DAVITCH, MD, Leonard S	Philadelphia
DAVNE, MD, Sanford H	Philadelphia
DAW, MD, William J	Luzerne
DAWGERT, MD, F Dennis	Lackawanna
DAWSON, MD, Michael H O	Schuylkill
DAWSON, MD, William N	Allegheny
DAY, MD, Nancy S	Philadelphia
DAY, STEPHEN D	Allegheny
DAY JR, MD, Richard W	Allegheny
DAY JR, MD, Robert E	Montgomery
DCRUZ, MD, Joseph F	Blair
DE, MD, Nirmal K	Philadelphia
DEALVAREZ, MD, Russell R	Montgomery
DEAN, MD, Anthony J	Delaware
DEAN, MD, J Christine	Allegheny
DEAN, JAMES L	Students
DEAN, MD, Robert J	Allegheny
DEANTONIO, MD, Angela M	Montour
DEARDORFF, MD, Charles L	Lancaster
DEARMITT, DON A	Allegheny
DEAS, MD, Thomas C	Philadelphia
DEBENEDICTIS, MD, Kenneth J	Berks
DEBERARDINIS, MD, Camillo T	Philadelphia
DEBIASSE, MD, Timothy A	Westmoreland
DEBOER, MD, John L	Monroe
DEBONIS, MD, Charles S	Luzerne
DEBONIS-OREILLY, MD, Maryellen	Westmoreland
DECANDIS, FRANCIS X	Students
DECARLO, DO, Peter J	Lancaster
DECARO, MD, Joseph A	Delaware
DECARO, MD, Matthew V	Philadelphia
DECASPERIS, MD, Anthony J	Philadelphia
DECASTRO, MD, Nieves D	Philadelphia
DECESARE, DO, Raymond C	Monroe
DECHERNEY, MD, William A	Philadelphia
DECHTER, MD, Joseph M	Allegheny
DECKER, MD, John P	Philadelphia
DECKER, MD, Peter G	Luzerne
DECKER, MD, Richard L	Erie
DECKER, MD, Steven E	Montgomery
DECOLLI, MD, Joseph A	Chester
DECOSMO, MD, Vincent J	Westmoreland
DECURTIS, MD, George M	Luzerne
DEDHIA, MD, Champak	Luzerne
DEDIO, MD, Robert M	Philadelphia
DEE, MD, Cecilio C	Mckean
DEE, MD, William F	Allegheny
DEEB, MD, Ramon J	Lehigh
DEES-PORCH, MD, Frances	Delaware
DEFRANCESCO, MD, Charles A	Westmoreland
DEFRANCISCO, MD, Lance C	Blair
DEFRANCISCO, MD, Mary E	Montgomery
DEFRANCO, MD, Joseph M	Erie
DEFRANK, MD, Frank N	Monroe
DEGENNARO, MD, Louis P	Lackawanna
DEGENNARO, MD, Patrick J	Luzerne
DEGREEN, MD, Hyatt P	Lancaster
DEGREGORIO, MD, Nicholas	Allegheny
DEGREGORY, DO, Thomas R	Westmoreland
DEGROAT, MD, Thomas S	Philadelphia
DEGROOF, MD, Ellen P L	Bucks
DEGUZMAN, MD, Brigida	Philadelphia
DEGUZMAN, MD, Rudolfo L	Berks
DEHAAS, MD, David R	Washington
DEHART, MD, David A	Allegheny
DEHORATIUS, MD, Raphael F	Philadelphia
DEHORATIUS, MD, Raphael J	Philadelphia
DEIBERT, MD, David C	Berks
DEIBERT, MD, Edward B	Northampton

DEILY, MD, Raymond E	Northampton
DEIMEL, MD, Joseph F	Erie
DEININGER, MD, Arthur G	Crawford
DEININGER, MD, John T	Philadelphia
DEISHER, DAVID M	Students
DEISHER, MD, Samuel W	York
DEITCH, MD, Bernard	Philadelphia
DEITCH, MD, Marc W	Philadelphia
DEITRICK, MD, John E	Montour
DEITRICK, MD, Richard E	Allegheny
DEITRICK III, MD, George A	Philadelphia
DEITRICK JR, MD, George A	Northumberland
DEITZ III, MD, George W	Montgomery
DEITZLER, MD, Margaret M	Philadelphia
DEJESUS, MD, Robert	Westmoreland
DEJESUS JR, MD, Roman Y	Beaver
DEJOSEPH, MD, Robert L	Luzerne
DEKKER, MD, Andrew	Allegheny
DEKONING, MD, Johannes L	Blair
DEKRET, MD, Jeffrey J	Philadelphia
DEKRUIF, MD, Hendrik	Crawford
DELA TORRE, MD, Henry G	Jefferson
DELACRUZ, MD, Apolinar D	Montgomery
DELACRUZ, MD, Emmanuel A	Lackawanna
DELACRUZ, MD, Silvestre S	Dauphin
DELAFUENTE, MD, Carlos F	Dauphin
DELAITES, MD, Loretta M	Delaware
DELANEY, MD, James H	Erie
DELAPLANE, MD, James M	Philadelphia
DELASALAS, MD, Ernesto M	Bedford
DELAURENTIS, MD, Dominic A	Philadelphia
DELCASTILLO, MD, Juan J	Northumberland
DELCONTE, MD, Anthony	Allegheny
DELEHANTY, MD, Thomas J	Luzerne
DELEO, MD, Caesar A	Lackawanna
DELEO, MD, Nicholas V	Lackawanna
DELEON, MD, Manuel R	Allegheny
DELERME, MD, Augusto N	Blair
DELERME-MORILLO, MD, Jacquelyn W	Blair
DELGADO, MD, Juan F	Northumberland
DELGADO, MD, Tomas E	Philadelphia
DELGATTO, MD, Louis J	Columbia
DELGRIPPO, MD, Gerard A	Clinton
DELGRIPPO JR, GERARD A	Students
DELGUERCIO, MD, Edmund T	Delaware
DELICH, MD, John P	Elk/Cameron
DELLA ROSA JR, MD, John J	Luzerne
DELLINGER, MD, Woodrow S	York
DELOGLOS, MD, Gust	Allegheny
DELOLLIS, MD, Michael V	Allegheny
DELONE JR, MD, Charles A	Dauphin
DELONE JR, MD, Francis X	Delaware
DELONG, MD, Brian S	Dauphin
DELONG, MD, Philip L	Bucks
DELONG, MD, Stephen R	Allegheny
DELONG JR, MD, William G	Philadelphia
DELORENZO JR, MD, Donald P	Franklin
DELP, MD, Charles W	Schuylkill
DELP, MD, Richard U	Columbia
DELP, MD, William T	York
DELP JR, MD, Charles W	Montgomery
DELROSARIO, MD, Vivencio G	Dauphin
DELROSSI, MD, Anthony J	Philadelphia
DELSERONE, MD, Eugene W	Allegheny
DELVECCHIO, MD, Leonard M	Berks
DELVECCHIO JR, MD, Leonard M	Mifflin/Juniata
DEMARCO, MD, Carlo M	Philadelphia
DEMARCO, MD, James C	Delaware
DEMARCO, MD, John J	Erie
DEMASI, MD, Leon G	Philadelphia
DEMASI, MD, Pantaleone	Philadelphia
DEMASI, MD, Rocco J	York
DEMATTEIS, MD, James A	Erie
DEMBY, MD, Dennis M	Butler
DEMEDIO, MD, Gabriel A	Allegheny
DEMEZZA, MD, Angelo	Westmoreland
DEMICHELE, MD, Joseph	Philadelphia
DEMILIO, MD, Terrance A	Westmoreland
DEMKO, MD, Joseph N	Lackawanna
DEMOPOULOS, MD, James T	Philadelphia
DEMOS, MD, Jack	Allegheny
DEMOURA, MD, Jamilo B	Philadelphia
DEMPSEY, MD, Eugene C	Philadelphia
DEMPSEY, MD, James G	Lackawanna
DEMPSEY, MD, William J	Lackawanna
DEMPSHER, MD, John	Chester
DEMUTH, MD, Cynthia T	Dauphin
DEMUTH JR, MD, William E	Cumberland
DENARO, MD, Anthony T	Luzerne
DENBY, MD, Robert A	Berks
DENCH JR, MD, Edward H	Centre
DENDE, DO, Paul F	Lackawanna
DENGLER, MD, Ernest H	Berks
DENIZARD, MD, Carl E	Philadelphia
DENLINGER, MD, John K	Lancaster
DENLINGER, MD, Lee E	Venango
DENNEHY, MD, John J	Montour
DENNEMEYER, MD, James E	Blair
DENNIS, MD, James B	Columbia
DENNIS, MD, William J	Philadelphia
DENT, MD, Thomas L	Montgomery
DENTE, MD, Joseph B	Northampton
DENVER, MD, Stanley D	Allegheny
DEOCERA, MD, Rodolfo M	Bucks
DEOL, MD, Jasbir S	Northampton
DEPACE, MD, Nicholas L	Philadelphia
DEPAOLI, MD, Rosemary T	Montour
DEPASQUALE, MD, Sam C	Luzerne
DEPAULA, MD, Carl J	Philadelphia
DEPRISCO, DO, John	Philadelphia
DEQUEVEDO, MD, Robert F	Monroe
DERASSE, MD, Alain R	Northampton
DERASSE, MD, Judith R	Northampton
DERATZOU, BENJAMIN	Allegheny
DERENZO, MD, Aurelio G	Philadelphia
DEREWITZ, MD, Daniel L	York
DERHAM, MD, Robert J	Philadelphia
DERIENZO, MD, Umberto A	Washington
DERIVAN, MD, Albert T	Delaware
DERIVAS, MD, Carmela F	Montgomery
DERKRIKORIAN, MD, Hagop L	Delaware
DERMAN, SETH G	Allegheny
DEROJAS, MD, Juan J	Luzerne
DERR, MD, Craig A	Berks
DERR, MD, Frederick S	Union
DERR, MD, Russell H	Lancaster
DERRICK, MD, Bruce M	Bucks
DERRICK, MD, George R	Philadelphia
DERSH, MD, Jerome	Berks
DERSHAW, MD, Bruce B	Bucks
DERSHAW, MD, Samuel	Philadelphia
DERSTINE, MD, Ralph L	Montgomery
DERVAN, MD, John P	Philadelphia
DESAI, MD, Ajit M	Philadelphia
DESAI, MD, Anil G	Philadelphia
DESAI, MD, Ansuya M	Montgomery
DESAI, MD, Arundev D	Lackawanna
DESAI, MD, Arvind D	Lackawanna
DESAI, MD, Bharati P	Westmoreland
DESAI, MD, Jitendra M	Allegheny
DESAI, MD, Kashmira A	Lackawanna
DESAI, MD, Kiritkumar T	Philadelphia
DESAI, MD, Meena B	Lackawanna
DESAI, MD, Mohan G	Montgomery
DESAI, MD, Praful V	Westmoreland
DESAI, MD, Saryu J	Allegheny
DESAI, MD, Shirishkumar B	Greene
DESAMLAZARO, MD, Alda	Warren
DESANCTIS JR, MD, Joseph J	Berks
DESANTES, MD, Frank A	Blair
DESANTIS, MD, Joseph G	Philadelphia
DESANTIS, MD, Peter L	Mercer
DESANTOLA, MD, Joseph R	Philadelphia
DESANTOS, MD, Marcelino A	Bucks
DESHMUKH, MD, Narayan	Bradford
DESHPANDE, MD, Asha S	Warren
DESHPANDE, MD, Sharadchandra	Erie
DESHPANDE, MD, Vilas K	Lehigh
DESIATO, MD, Nicola	Philadelphia
DESIMONE, MD, Gregory G	Delaware
DESIMONE, MD, John S	Westmoreland
DESIO, MD, Felix J	Bradford
DESJARDINS, MD, George P	Berks
DESMOND, MD, Robert E	Philadelphia
DESSEN, MD, Edgar L	Luzerne
DESSEN, MD, Edward	Philadelphia
DETHOFF, MD, John C	Berks
DETRE, MD, Thomas	Allegheny
DETUERK, MD, John J	Philadelphia
DETULLIO, MD, Anthony E	Philadelphia
DETWEILER, MD, Thomas C	Montgomery
DETWEILER EXEC, SEC, John S	Bucks
DEUNE, EAGEN G	Allegheny
DEUTSCH, MD, Joel	Philadelphia
DEUTSCH, MD, Melvin	Allegheny
DEUTSCH JR, MD, E Thomas	Chester
DEVAN, MD, W Todd	York
DEVANI, MD, Shyamsunder H	Carbon
DEVAUGHN, MD, Gerald L	Philadelphia
DEVENNEY, MD, John E	Montgomery
DEVINE, MD, Jean K	Montgomery
DEVINE, MD, Michael F	Montgomery
DEVINE, MD, Peter J	Philadelphia
DEVINE, MD, Terence M	Bradford
DEVINEY, MD, John P	Montgomery
DEVITA, MD, Dennis M	Mifflin/Juniata
DEVITA, MD, Michael L	Mifflin/Juniata
DEVITTORIO, MD, Armond A	Jefferson
DEVLIN, MD, Albert E	Jefferson
DEVLIN, MD, Joseph T	Philadelphia
DEVLIN, MD, Michael F	Luzerne
DEVRIES, MD, Jan R	Somerset
DEWAR, MD, William R	Wayne/Pike
DEWAR III, MD, William R	Wayne/Pike
DEWIS, MD, Lester S	Chester
DEX, MD, Walter J	Lehigh
DEYOUNG, MD, Edward M	Philadelphia
DHAGAT, MD, Satishchandra	Beaver
DHALIWAL, MD, Ranjit S	Erie
DHAWAN, MD, Neelam	Allegheny
DHAWAN, MD, Ram L	Allegheny
DHAWER, MD, Virender P S	Cambria
DHEEN, MD, Mohamed H R	Lawrence
DIAKIW, MD, John	Lackawanna
DIAMANTONI, MD, Stephen G	Lancaster
DIAMOND, MD, B Franklin	Montgomery
DIAMOND, MD, Daniel L	Allegheny
DIAMOND, MD, Mark	Allegheny
DIAMOND, MD, Sidney J	Delaware
DIAZ, MD, Filadelfo T	Montgomery
DIAZ, MD, Floriel P	Carbon
DIBAGNO, MD, Geno J	Westmoreland
DIBELLO, MD, Angelo M	Philadelphia
DIBERT, MD, Lawrence W	Blair
DICKENS, MD, Helen O	Philadelphia
DICKEY, MD, Robert F	Montour
DICKINSON, KIM	Students
DICKINSON, MD, Peter A	Allegheny
DICKSON, MD, Glenn S	Philadelphia
DICKSON JR, MD, Thomas B	Lehigh
DICKSTEIN, MD, Benjamin	Philadelphia
DICOLA, MD, Nancy M	Allegheny
DICUCCIO, MD, Nicholas W	Clinton
DICUCCIO, MD, William A	Butler
DIDDLE, MD, Kenneth W	Westmoreland
DIDONATO, MD, Richard R	Huntingdon
DIDONATO, ROBERT	Students
DIEHL, MD, Daniel L	Lancaster
DIEHL, MD, William H	Lebanon
DIENER, MD, Ian L	Montgomery
DIENHART, MD, Karl J	Bradford
DIETEMAN, MD, David F	Erie
DIETLY, MD, Robin Z	Allegheny
DIETRICH, MD, C Wallace	Allegheny
DIETRICH, DO, Leonard M	Berks
DIETRICH, DO, Marcia C	Berks
DIETRICH, MD, Warren C	Northampton
DIETRICH, MD, William S	Dauphin
DIETRICK, MD, Richard F	Montgomery
DIETRICK, MD, Ronald A	Blair
DIEZ, MD, Charles M	Allegheny
DIGERGORIO, MD, Guerino J	Chester
DIGIACOMO, MD, Oscar P	Philadelphia
DIGIACOMO, MD, Paul R	Lebanon
DIGIACOMO JR, MD, Philip J	Montgomery
DIGILIO, MD, Victor A	Philadelphia
DIGIOVANNI, MD, Alphonse J	Philadelphia
DIGIOVANNI, MD, Anthony J	Delaware
DIGIOVANNI, MD, Robert J	Delaware
DIGIOVANNI, MD, Vincent J	Luzerne
DIILIO, MD, Richard P	Allegheny
DIIORIO, MD, Emil J	Northampton
DILCHER, MD, Robert H	Lehigh
DILEO, MD, Dominic W	Fayette
DILIBERTO, DO, Thomas A	Delaware
DILLINGER, MD, Ellen M	Allegheny
DILLON, MD, Daniel J	Allegheny
DILLON, MD, Richard S	Montgomery
DIMAGGIO, MD, Olivia T	Philadelphia
DIMARCO, MD, Ross F	Allegheny
DIMEDIO, MD, Joseph A	Delaware
DIMICK, MD, Dean F	Lehigh
DIMILILER, MD, Ismail	Northumberland
DIMINO, DO, Joseph M	Montgomery
DIMITSOPULOS, MD, Dimitri	Allegheny
DIMUN, MD, Michael F	Allegheny
DINATTI III, LOUIS A	Allegheny
DINEEN, MD, Francis A	Allegheny
DINICOLA, MD, Arthur N	Schuylkill
DINMAN, MD, Bertram D	Allegheny
DINON, MD, Louis R	Philadelphia
DINSMORE, MD, Harry H	Jefferson
DINUBILE, MD, Nicholas A	Philadelphia
DINULOS, MD, Baltazar T	Lebanon
DION, MD, Harry S	Philadelphia
DIORIO, MD, James P	Luzerne
DIORIO, MD, Norina M	Luzerne
DIPASQUALE, DO, Urban D	Montgomery
DIRENZO, MD, Dennis P	Berks
DIRIENZO, MD, Enrico J	Bucks
DIRNBERGER, DO, Thomas	Schuylkill
DIROCCO, MD, Vincent P	Philadelphia
DISALVO, MD, Barbara A	Northampton
DISALVO, MD, Eugene I	Northampton
DISHART, MD, Paul W	Allegheny
DISICK, MD, Solomon	Centre
DISILVESTRO, MD, Helen E	Philadelphia
DISILVESTRO JR, MD, John M A	Philadelphia
DISILVIO, MD, Thomas V	Lackawanna
DISTEFANO, MD, Berardino	Erie
DISTEFANO, MD, Grimaldo C	Philadelphia
DITLOW JR, MD, Richard J	Bradford
DITMARS, MD, Douglas D	Northampton
DITOPPA, DO, Louis A	Allegheny
DITTMAN, MD, Thomas H	Luzerne
DITTMAR, MD, Stuart W	Franklin
DITTRICH, DO, Richard J	Philadelphia
DITUNNO, MD, John F	Philadelphia
DIWAN, MD, Kanta	Delaware
DIX JR, MD, Robert C	Union
DIXIT, MD, Niranjan D	Fayette
DIXON, MD, Harold L	Philadelphia
DIXON, MD, Richard H	Centre
DIXON, MD, Robert E	Mifflin/Juniata
DIZON, MD, Gaudencio S	Carbon
DJERASSI, MD, Isaac	Philadelphia
DLIN, MD, Barney M	Philadelphia
DLUTOWSKI, MD, Bernard J	Philadelphia
DLUZANSKY, MD, James J	Blair
DOAN, MD, Huynh Trieu	Philadelphia
DOBISH, MD, Michael J	York
DOBKIN, MD, Larry A	Allegheny
DOBLE II, MD, Henry P	Mercer
DOBLER, MD, James C	Allegheny
DOBLER, MD, Lee C	Allegheny
DOBOSH, MD, George A	Northampton
DOBROTA, MD, John S	Bucks
DOCKTOR, MD, John W	York
DODD, MD, Stephen I	Mifflin/Juniata
DODDS, MD, H Thomas	Delaware
DODGE, MD, Herbert C	Philadelphia
DOE, MD, Robert G	Lancaster
DOEBLER, MD, Robert W	Allegheny
DOEFF, MD, Jan W	Montgomery
DOENECKE, MD, Arthur L	Lancaster
DOERFLER JR, MD, Frederick B	Armstrong
DOFT, MD, Bernard H	Allegheny
DOHERTY, DO, John M	Delaware
DOHERTY, MD, Joseph C	Westmoreland
DOHERTY JR, MD, Henry J	Montgomery
DOHERTY JR, MD, John H	Lackawanna
DOHERTY SR, MD, John H	Lackawanna
DOHNER, ERIC A	Students
DOKKO, YONI	Allegheny
DOLAN III, MD, James J	Clinton
DOLECKI, MICHAEL	Students
DOLFMAN, MD, Victor	Philadelphia
DOLINSKAS, MD, Carol A	Philadelphia
DOLL JR, MD, Robert B	Lehigh
DOLPHIN, MD, John M	Philadelphia
DOLPHIN, MD, Murray	Luzerne
DOLSKY, MD, Richard L	Montgomery
DOMALESKI, MD, Alfred F	Potter
DOMANSKI, MD, Robert E	Philadelphia
DOMAT, MD, Imad	Allegheny
DOMESEK, MD, James M	Montgomery
DOMINGO, MD, Orville H	Delaware
DOMJANCIC, MD, John T	Beaver
DOMON, MD, Charles M	Philadelphia
DOMZALSKI, FRANCIS J	Students
DONAHOE, MD, Michael P	Westmoreland
DONAHOE, MD, Michael T	Franklin
DONAHOO, MD, James S	Philadelphia
DONAHUE, MD, John R	Montgomery
DONAHUE, MD, Michael P	Allegheny
DONALD, MD, Delmar J	Montgomery
DONALDSON, MD, David H	Allegheny
DONALDSON, MD, James B	Philadelphia
DONALDSON, MD, William F	Allegheny
DONAN, MD, Anderson W	Mercer
DONATELLI, MD, John M	Allegheny
DONATO, MD, Robert A	Philadelphia
DONCASTER, MD, Richard M	Westmoreland
DONEKER, MD, Thomas G	Northampton
DONER, DO, Ivan A	Philadelphia
DONG, MD, Mai-Li	Allegheny
DONLY, MD, Donovan L	Berks
DONNELLY III, MD, Edward J	Allegheny
DONNELLY JR, MD, Joseph C	Berks
DONNER, MD, Marda E	Philadelphia
DONNER, MD, William T	Montgomery
DONOFRIO, MD, Robert J	Allegheny
DONOFRIO, MD, Romeo R	Chester
DONOVAN, MD, Byron L	Westmoreland
DONOVAN, MD, Francis C	Allegheny
DONOVAN, MD, J Ward	Dauphin
DONOVAN, MD, John J	Allegheny
DONOVAN, MD, Robert J	Allegheny
DONOVAN, MD, Robert J	Philadelphia
DONOVAN, MD, Robert S	Berks
DONROVICH, MD, Paul J	Cambria
DOO, MD, Gerald K	Adams
DOOREY, MD, Andrew J	Montgomery
DORAZIO, MD, Dominick J	Lancaster
DORAZIO, MD, Edward A	Philadelphia
DORAZIO, MD, Nicholas J	Chester
DORAZIO, DO, Ronald J	Delaware
DORFMAN, MD, Alan M	Philadelphia
DORFMAN, MD, Murray L	Delaware
DORIAN, MD, Alan L	Montgomery
DORIO, MD, Raymond J	Philadelphia
DORKO, MD, Carl J	Dauphin
DORMAN, MD, Franklin L	Allegheny
DORMAN, MD, Gordon	Philadelphia
DORMAN, MD, Sanford A	Northampton
DORMANS, MD, Adrian A	Luzerne
DORNBLASER, DO, Eric R	Northampton
DORNENBURG, MD, James R	Allegheny
DORNSTEIN, MD, Perry I	Philadelphia
DORSCH JR, MD, Raymond M	Lebanon
DORSEY, MD, James T	Lehigh
DORST, MD, Stanley K	Allegheny
DORTCH, MD, Joseph	Philadelphia
DORVILLE, MD, Fabio L	Northampton
DORWART, MD, Bonnie B	Philadelphia
DOSHI, MD, Kirti K	Philadelphia
DOSHI, MD, Nalini N	Allegheny
DOSHI, MD, Narendra S	Allegheny
DOSSETT, MD, John H	Dauphin
DOSTAL, MD, Julie A	Luzerne
DOTO JR, MD, Joseph B	Northampton
DOTSEY, MD, Michael T	Clearfield
DOTTERER, MD, Christine S	Northumberland
DOTTERWAY, MD, Blanche E	Westmoreland
DOTTOR, MD, Albinka J	Lehigh
DOTTS EXEC, SEC, Carol	Chester
DOTY, MD, Sue	Philadelphia
DOUDS, MD, Howard N	Allegheny
DOUGHERTY, MD, Francis M	Schuylkill
DOUGHERTY, MD, Joseph J	Carbon
DOUGHERTY, MD, Malvin J	Philadelphia
DOUGHERTY, MD, Michael J	Delaware
DOUGHERTY, MD, Ralph N	Allegheny
DOUGLAS, MD, Donald D	Lycoming
DOUGLAS, MD, E Lorenzo	Philadelphia
DOUGLAS, LESLIE D	Allegheny
DOUGLASS, MD, Paul H	York
DOUPE, MD, David W	Erie
DOUWES, MD, Karel	Philadelphia
DOVNARSKY, MD, James H	Philadelphia
DOVYDAITIS, MD, Romas	Lackawanna
DOW, MD, Richard	Allegheny
DOWDELL, MD, Paul J	Mercer
DOWLING, MD, John J	Philadelphia

DOWLUT, MD, Mohammad N	Blair
DOWNES, MD, John J	Philadelphia
DOWNEY, MD, Mark P	Philadelphia
DOWNIE, MD, Robert W	Montgomery
DOWNING, MD, Timothy M	Crawford
DOWNS, DO, Carolyn R	Bucks
DOYLE, MD, Albert F	Cambria
DOYLE, MD, Alfred P	Allegheny
DOYLE, MD, Faye R	Chester
DOYLE, MD, John J	Allegheny
DOYLE, MD, Russell G	Chester
DRACOS, MD, Frank J	Monroe
DRAGAN, MD, George A	Allegheny
DRAGANN, DO, Raymond D	Lancaster
DRAGANOSKY, MD, Eugene A	Bucks
DRAGO, DO, John P	Dauphin
DRAGUN, JOANNE B	Students
DRANOV, MD, Jonathan	Centre
DRAPER, MD, Nelle E	Philadelphia
DRAPIEWSKI, MD, John F	Luzerne
DRAPIEWSKI, MD, Vincent A	Luzerne
DRATCH, MD, Michael B	Philadelphia
DRATLER, MD, Marvin B	Crawford
DRATMAN, MD, Mary B	Philadelphia
DREAZEN, MD, Jonathan R	Berks
DREER, MD, Aaron M	Philadelphia
DREHER, MD, Robert H	Northampton
DREIBELBIS, MD, William H	Centre
DREIFUS, MD, Leonard S	Philadelphia
DRENNEN JR, MD, James K	Butler
DRESSEL JR, MD, Christopher J	Lackawanna
DREW, MD, Frances S	Allegheny
DREXLER, MD, Lawrence J	Allegheny
DREZNER, MD, Malcolm E	Bucks
DRINKER, MD, Henry M	Philadelphia
DRISCOLL, MD, Genevra Z	Montgomery
DRISCOLL, MD, Richard H	Carbon
DRISCOLL, MD, Robert A	Crawford
DRISCOLL, DO, Robert W	Montgomery
DRIZIN, MD, Gary S	Montgomery
DROBNER, WILLIAM	Students
DROSNES, MD, Dean L	Philadelphia
DROZDIAK, MD, Russell A	Indiana
DRUBETSKIY, MD, Naum	Philadelphia
DRUCKEMILLER, MD, William H	Erie
DRUCKMAN, MD, Stephen M	Lebanon
DRUFFNER, MD, Charles R	Lackawanna
DRUFFNER JR, MD, Lewis C	Lackawanna
DRUMMOND, MD, Denis S	Philadelphia
DRY, MD, Frederick A	Lehigh
DSILVA, MD, Henry I	Bucks
DUANE, MD, Julia M	Bucks
DUANE, MD, Thomas D	Northampton
DUBB, MD, Jeffrey W	Philadelphia
DUBBS, MD, Alfred W	Lehigh
DUBIN, JEFFREY D	Students
DUBIN, STEPHEN J	Students
DUBIN, WENDY L	Students
DUBLIN, MD, George J	Philadelphia
DUBNANSKY, MD, John E	Westmoreland
DUBNER, MD, Paul F	Allegheny
DUBOIS, JON S	Students
DUBOWITZ, MD, Leslie	Schuylkill
DUBROW, DO, Calvin M	Montgomery
DUCA, MD, Peter R	Philadelphia
DUCHIN, MD, Harvey E	Philadelphia
DUCHIN, MD, Jeffrey S	Philadelphia
DUCKETT JR, MD, John W	Philadelphia
DUDA, MD, Andrew M	Berks
DUDA, MD, John R	Philadelphia
DUDECK, MD, Carl R	Butler
DUDEK, MD, William C	Philadelphia
DUDENHOEFER, MD, Frederick J	Erie
DUDICH, MD, Michael S	Montgomery
DUE, MD, Christopher F	York
DUERKSEN, MD, Roger L	Allegheny
DUFENDACH, MD, John H	Adams
DUFFY, MD, Clyde F	Allegheny
DUFFY, MD, Ruth E	Chester
DUFFY, MD, Scott S	Berks
DUGAN, CHARLES T	Students
DUGAN JR, MD, Thomas M	Beaver
DUGGAN, MD, James H	Allegheny
DUGGAN JR, MD, Francis J	Dauphin
DUKE III, MD, Bruce E	Cambria
DUKER, MD, Daniel G	Allegheny
DULA, MD, David J	Montour
DULABON, MD, David A	Erie
DULABON, MD, George M	Allegheny
DULCEY JR, MD, John J	Bucks
DULEMBA, MD, John F	Allegheny
DULL, MD, James A	Westmoreland
DUMARAN, MD, Delfa G	Montgomery
DUMAS, MD, Peter A	Philadelphia
DUMAS, MD, Peter R	Montgomery
DUNAGIN, MD, William G	Venango
DUNBAR, MD, John C	Allegheny
DUNCAN, MD, James R	Allegheny
DUNCAN, MD, Ralph E	York
DUNCAN, MD, Theodore G	Philadelphia
DUNDORE JR, MD, William C	Allegheny
DUNFORD, MD, Joseph L	Allegheny
DUNHAM, DO, Douglas A	Allegheny
DUNKLE, MD, David B	Dauphin
DUNKLE, MD, Neil F	Lycoming
DUNMIRE, MD, Lester A	Allegheny
DUNN, MD, David D	Erie
DUNN, MD, David W	Crawford
DUNN, MD, Geoffrey P	Erie
DUNN, MD, James W	Delaware
DUNN, MD, Jeffrey M	Philadelphia
DUNN, MD, Jerome	Lehigh
DUNN, MD, Joseph P	Venango
DUNN, MD, Lewis J	Philadelphia
DUNN, MD, Philip F	Huntingdon
DUNNE, MD, Anne P	Montour
DUNNE, MD, Gay D	Centre
DUNNE, MD, James H	Centre
DUNNING, MD, E Ruth	Monroe
DUNSMORE, MD, Lillian D	Chester
DUNSMORE, MD, Richard A	Chester
DUPLER, MD, Donald A	Philadelphia
DUPONT JR, MD, Philip J	Clearfield
DUPREY, MD, James G	Lancaster
DURA, PAUL A	Students
DURANT, MD, John R	Philadelphia
DURBECK, MD, Donald C	Dauphin
DURISEK, MD, George S	Dauphin
DURKAN, MD, Gerald	Allegheny
DURKIN, MD, Martin J	Montgomery
DURKIN, MD, Maureen L	Adams
DURNING, MD, Clifton M	Chester
DURNING, MD, Robert P	Allegheny
DUROCHER, MD, John R	Philadelphia
DURRWACHTER, MD, Robert J	Lycoming
DUSINBERRE, MD, Robert Y	Tioga
DUTHINH, VUONG	Students
DUTLINGER, MD, Robert P	Dauphin
DUTTA, MD, Tarit K	Allegheny
DVORKIN, MD, Daniel	Chester
DWORETZ, MD, April R	Allegheny
DWORKIN, DO, Gerald E	Philadelphia
DY, MD, Victor C	Northampton
DYE, MD, Robert E	Dauphin
DYKYJ, MD, Roman	Philadelphia
DYKYJ JR, MD, Roman	Philadelphia
DYNAN, MD, James E	Montgomery
DYREYES, MD, Roberto R	Lebanon
DYSON, MD, William L	Philadelphia
DZIELAK, DO, Edward J	Lackawanna
DZUREK, MD, William V	Schuylkill
DZWONCZYK JR, MD, John	Philadelphia

E

EAGEN, MD, Jeremiah W	Lackawanna
EAGER, MD, J Michael	Berks
EAGLE, MD, Perry A	York
EARICK, MD, Michael E	Erie
EARLE, MD, Martin F	Allegheny
EARLY, MD, Calvin B	Franklin
EARLY, MD, Robert F	Lebanon
EARNEST, MD, Tamar D	Lehigh
EASLER, MD, Richard E	Allegheny
EASTLAND, MD, Theodore W	Berks
EATER JR, MD, Charles L	Mifflin/Juniata
EATON, MD, Charlotta L	Allegheny
EATON, MD, David A	Northampton
EATON, MD, Edward H	Dauphin
EBERHART, MD, Joseph C	Bucks
EBERLEIN, MD, Walter R	Philadelphia
EBERLY, MD, David E	Delaware
EBERSOLE, MD, John H	Lancaster
EBERSOLE, MD, Thomas M	Berks
EBERTS, MD, Brian W	Allegheny
EBERZ, MD, Dennis A	Allegheny
ECHENBERG, MD, Robert J	Northampton
ECHIKSON, MD, Edward H	Montgomery
ECKBERG, MD, John J	Erie
ECKEL, MD, Timothy B	Columbia
ECKELS, DO, Dennis L	Cambria
ECKENRODE, MD, Joseph L	Lancaster
ECKER, MD, Christian P	Montgomery
ECKER, MD, Malcolm L	Philadelphia
ECKER JR, MD, Herbert A	Lycoming
ECKER SR, MD, Herbert A	Lycoming
ECKERT, MD, Robert T	Butler
ECKROTH, MD, Richard N	Lebanon
EDBERG, MD, Sanford H	Allegheny
EDDINGER, MD, Leo C	Lehigh
EDEIKEN, MD, Jack	Philadelphia
EDELMAN, MD, Barry J	York
EDELMANN, MD, Christine A	Allegheny
EDELSTEIN, MD, Abe J	Cambria
EDELSTEIN, MD, Joel K	Philadelphia
EDELSTEIN, MD, Mark	Luzerne
EDELSTEIN, MD, Norman L	Allegheny
EDER JR, MD, George E	York
EDGE, MD, Fred C	Fayette
EDINGTON, MD, John M	Philadelphia
EDMISTON, MD, Robert B	Dauphin
EDMONSTON, MD, George F	Armstrong
EDMUNDOWICZ, MD, Alphonse C	Dauphin
EDMUNDS, MD, Elizabeth H	Berks
EDMUNDS JR, MD, L Henry	Philadelphia
EDWARDS, MD, George E	Dauphin
EDWARDS, MD, Mary D	Allegheny
EDWARDS, MD, William M	Allegheny
EDWARDS, MD, William P	Venango
EDWARDS-EVANS, MD, Tanise I	Philadelphia
EFFINGER, MD, Gerold J	Bucks
EGBERT, MD, E Wayne	Delaware
EGERTER, MD, Elise A	Philadelphia
EGGLER, MD, Betsey A	Mifflin/Juniata
EGLESTON, MD, L Allen	Westmoreland
EGLICK, MD, Paul G	Philadelphia
EGOVILLE, MD, Charles R	Philadelphia
EHLER, MD, Joan G	Allegheny
EHLY, MD, George W	Cumberland
EHRHART, MD, Kenneth W	York
EHRLER, MD, August H	Erie
EHRLICH, MD, Dion R	Montgomery
EHRLICH, MD, George E	Philadelphia
EHRLICH, MD, Jeffrey N	Philadelphia
EHRLICH, MD, Leonard D	Montgomery
EICHER, MD, Wendell P	Bucks
EICHLER, MD, George R	Northampton
EICHLER, JOHN A	Allegheny
EICHMAN, MD, Mary R	Philadelphia
EICHMILLER, MD, John P	Allegheny
EICHNER, MD, Lambert G	Delaware
EILER, MD, William A	Allegheny
EINHORN, MD, Jerzy	Allegheny
EISEMAN JR, MD, Paul C	Westmoreland
EISEN, MD, Carole L	Delaware
EISEN, MD, Howard B	Allegheny
EISENBEIS JR, MD, Carl H	Allegheny
EISENBERG, MD, Floyd P	Montgomery
EISENBERG, MD, Richard B	Philadelphia
EISENBERG, DO, Ronald L	Montgomery
EISENBERG, MD, Stuart L	Philadelphia
EISENHARDT, DO, Bruce T	Northampton
EISENHOWER, MD, Charles E	York
EISENHOWER, MD, Edward A	Lancaster
EISLER, MD, Robert L	Butler
EISMAN, MD, Sylvan H	Philadelphia
EISNER, MD, Abraham G	Lackawanna
EISNER, MD, Henry	Philadelphia
EISNER, MD, Joel W	Chester
EISNER, MD, Steven B	Montour
EISTER, MD, Ronald N	Lycoming
EKBERG, MD, Norman L	Montour
EL-ATTRACHE, MD, Mamdouh F	Westmoreland
EL-TAWIL, MD, Mahfouz Y	Northumberland
ELANCHENNY, MD, Indranee	Chester
ELATTAR, MD, Anas A	Allegheny
ELATTRACHE, MD, Selim	Westmoreland
ELCOCK, MD, Claudius A	Philadelphia
ELDAIEF, MD, Samir F	Montgomery
ELDER, MD, E Glenn	Northampton
ELEFANT, MD, Howard L	Philadelphia
ELES, DO, Gustav R	Allegheny
ELFMAN, MD, Louis K	Philadelphia
ELFVIN, MD, Myra J	Philadelphia
ELHILLAL, MD, Mohammad F	Westmoreland
ELIADES, MD, William	Philadelphia
ELIAS, MD, Farid J	Westmoreland
ELIAS, MD, Stanton B	Allegheny
ELICKER, MD, John E	Delaware
ELIGATOR, MD, Julian	Allegheny
ELKOUSS, MD, Guillermo C	Philadelphia
ELKUS, MD, Robert M	Philadelphia
ELLEN, MD, Stephen J	Philadelphia
ELLENBERGER JR, MD, Thomas R	Cambria
ELLENZWEIG, MD, Morris S	Fayette
ELLER, MD, Andrew W	Allegheny
ELLIS, MD, David M	Montgomery
ELLIS, MD, David W	Lebanon
ELLIS, MD, Elaine M	Allegheny
ELLIS, MD, George L	Allegheny
ELLIS, MD, Kris L	Allegheny
ELLIS, MD, Lawrence D	Allegheny
ELLIS, MD, Michael D	Montgomery
ELLIS, MD, Richard A	Philadelphia
ELLIS, MD, William	Philadelphia
ELLIS EDD EXEC, DIR, U Berkley	Montgomery
ELLIS IV, MD, John H	Luzerne
ELLIS JR, MD, Leander T	Philadelphia
ELLISON, MD, Ervin	Lancaster
ELLISON, MD, James H	York
ELLISON, MD, Julius	Philadelphia
ELLISON, MD, Neil M	Montour
ELLISON JR, MD, Richard T	Montgomery
ELMALEH, MD, Miriam K	Philadelphia
ELMER, MD, Edward M	Allegheny
ELSTNER, MD, Howard L	Allegheny
ELVIR, MD, Ramon	Warren
ELZENEINY, MD, Ismail H	Northampton
EMANUEL, MD, Abraham	Beaver
EMANUEL, MD, E Stephen	Delaware
EMERSON, MD, John A	Venango
EMERY, BRIAN E	Allegheny
EMERY, MD, Robert C	Northampton
EMES, MD, William R	Chester
EMGUSHOV, MD, Rinchen-Tzo	Philadelphia
EMKEY, MD, Kenneth D	Berks
EMKEY, MD, Ronald D	Berks
EMMERLING, MD, John F	Allegheny
EMMETT, MD, Gary A	Philadelphia
EMMOLO, MD, Alfonse A	Venango
ENANY, MD, Albert K	Fayette
ENCKE, MD, Ted K	Allegheny
ENDERS, MD, John G	Franklin
ENDRES, MD, Jay E	Warren
ENDRES, MD, Warren H	Lehigh
ENELOW, MD, Robert S	Philadelphia
ENERSON, MD, Daniel M	Allegheny
ENGEL, MD, Gilson C	Philadelphia
ENGINEER, MD, Erach H	Philadelphia
ENGLAND, MD, Kenneth B	Blair
ENGLE, MD, Eugene K	Lancaster
ENGLE, MD, Harold H	Lebanon
ENGLE, MD, Joseph H	Franklin
ENGLISH, MD, Carroll A	Montgomery
ENGLISH, MD, Dennis H	Allegheny
ENGLISH, MD, James B	Blair
ENGLISH, MD, Joseph G	Lycoming
ENGLISH, MD, O Spurgeon	Philadelphia
ENGLISH, MD, Richard B	Luzerne
ENGLISH, MD, Robert S	Fayette
ENGLISH JR, MD, Walter E	Clinton
ENGSTROM, MD, Paul F	Philadelphia
ENNIS, MD, Michael F	Allegheny
ENRIQUEZ, MD, Danilo L	Allegheny
ENRIQUEZ, MD, Teresita E	Allegheny
ENTINE, MD, Joseph H	Philadelphia
ENTMACHER, MD, Susan D	Montgomery
ENTWISTLE, MD, Nelson L	Dauphin
ENYEART, MD, Harvey F	Westmoreland
EPERJESSY, MD, Ernest Z	Cambria
EPISCOPIO, MD, Joseph V	Northampton
EPPINGER, MD, Mary A	Allegheny
EPSTEIN, MD, Alan L	Philadelphia
EPSTEIN, MD, Herman	Philadelphia
EPSTEIN, MD, Isadore S	Philadelphia
EPSTEIN, MD, J David	Philadelphia
EPSTEIN, MD, Paul E	Philadelphia
ERB, MD, Kathleen M	Erie
ERB, MD, William H	Delaware
ERB JR, MD, William H	Delaware
ERDMAN II, MD, William J	Philadelphia
EREMUS, MD, Joseph L	Philadelphia
ERHART, JOHN F	Students
ERICKSEN, MD, Arthur N	Berks
ERICKSON, MD, Elmer W	Allegheny
ERICKSON, MD, Eric R	Allegheny
ERICKSON, MD, Ray B	Clarion
ERICSSON, MD, Francis S	Warren
ERMOLD, MD, Donald R	Berks
ERSLEV, MD, Allan J	Philadelphia
ERSNER, MD, Arthur R	Montgomery
ERSNER, MD, Jack S	Philadelphia
ERSOZ, MD, Clara J	Allegheny
ERTEL, MD, D Gregory	Lycoming
ERVIN, MD, Carl E	Dauphin
ERVIN, MD, Lawrence M	Blair
ERWAY, MD, Preston M	Tioga
ERWIN, MD, Henry K	Northampton
ESBENSHADE II, MD, John H	Lancaster
ESCARO, MD, Danilo U	York
ESCARTE, MD, Deogracias E	Philadelphia
ESCOLL, MD, Philip J	Philadelphia
ESGUERRA JR, MD, Pablo R	Fayette
ESHBACH, MD, Ted B	Dauphin
ESHELMAN, MD, Joseph C	Fayette
ESHLEMAN, MD, D Rohrer	Lancaster
ESHLEMAN, MD, John D	Lancaster
ESHLEMAN, MD, S Kendrick	Lancaster
ESKENAZI, MD, Marko M	Philadelphia
ESKENDRI, MD, Nasser	Beaver
ESKEY, CLIFFORD J	Allegheny
ESKIN, MD, Bernard A	Philadelphia
ESKIN, MD, David J	Montgomery
ESKRIDGE, MD, Timothy H	York
ESLER JR, MD, James W	Lehigh
ESPARRAGUERA, MD, Francisco	Venango
ESPINOSA, MD, Manuel H	Northampton
ESPOSITO, MD, Frances S	Philadelphia
ESPOSITO, MD, John C	Delaware
ESPOSITO, MD, Joseph P	Dauphin
ESQUENAZI, MD, Alberto	Montgomery
ESTLUND, MD, Gregory J	Philadelphia
ESTNER, MD, Michael J	Allegheny
ETNOYER, MD, John J	Lancaster
ETTENGER, MD, Morris S	Philadelphia
ETTER, MD, Russel H	York
ETTINGER, MD, Jeffrey B	Philadelphia
ETTLINGER, MD, Robert A	Dauphin
ETZEL, KATHLEEN D	Allegheny
ETZI, SUSAN	Students
ETZL, MD, Michael M	Philadelphia
EULIANO JR, MD, John J	Erie
EULIANO SR, MD, John J	Erie
EVANGELISTA, MD, Jesus S	Washington
EVANGELISTA, MD, Simplicio E	Montgomery
EVANKO, MD, David A	Butler
EVANS, MD, Charles M	Lancaster
EVANS, MD, David B	Cumberland
EVANS, MD, Donald E	Allegheny
EVANS, MD, Harold H	Union
EVANS, MD, Hayden O	Montgomery
EVANS, MD, Hilary	Cambria
EVANS, MD, James F	Montour
EVANS, DO, John C	Centre
EVANS, MD, John J	Carbon
EVANS, MD, Jonathan L	Butler
EVANS, MD, Joseph B	Philadelphia
EVANS, MD, Leonard E	Allegheny
EVANS, MD, Richard S	Allegheny
EVANS, MD, Robert L	York
EVANS, MD, Thomas M	Allegheny
EVANS, MD, William G	Indiana
EVANS EXEC, SEC, Robert W	Dauphin
EVANS II, MD, Lewis C	Bradford
EVERETT, MD, Harold E	Lehigh
EVERETT, MD, William G	Allegheny
EVERHART, MD, Charles W	Mifflin/Juniata
EVERHART, MD, Wilson C	Dauphin
EVERLOF, MD, Sherman W	Delaware
EVERTS, MD, Glenn S	Philadelphia
EVES, MD, John H	Bucks

EWING, MD, Agnew R	Chester
EWING, MD, Charles H	Montgomery
EWING, MD, Fred L	Crawford
EWING, MD, James H	Philadelphia
EWING, MD, Madeleine Q	Philadelphia
EYERLY, MD, Robert C	Montour
EYLER, MD, J Albert	Bedford
EYLER, MD, Paul W	Lancaster
EYMONTT, MD, Michael J	Philadelphia
EYSTER, MD, M Elaine	Dauphin
EYVAZZADEH, MD, Camille	Northampton

F

FABER, MD, Kalman	Philadelphia
FABI, MD, Mario N	Lackawanna
FABINYI, MD, Geza T	Blair
FABIUS, MD, Raymond J	Delaware
FABRY, MD, Edward I	Allegheny
FACKLER, MD, Emerson F	Dauphin
FAGELMAN, MD, Kerry M	Dauphin
FAGENHOLZ, MD, S Allen	Erie
FAGER, MD, Charles B	Dauphin
FAGER, MD, Joseph S	Dauphin
FAGERBURG, MD, Rodger E	Lackawanna
FAGIOLETTI, MD, Robert J	Washington
FAHL, MD, James C	Monroe
FAHMY, MD, Wasfy F	Chester
FAHY, MD, Brenda G	Delaware
FAILLA, MD, Jack P	Allegheny
FAIRBROTHER, MD, Paul F	Dauphin
FAIRFIELD, MD, James C	Montgomery
FAIRMAN, MD, Ronald M	Philadelphia
FAIRWEATHER, MD, Jack L	Union
FAJARDO, MD, Arturo A	Lycoming
FAKHRAEE, MD, Sayyed M	Philadelphia
FALBO, MD, Santo J	Lackawanna
FALCHEK, MD, Joseph B	Mifflin/Juniata
FALCO, MD, Frank G	Bucks
FALCO, FRANK J E	Students
FALCON JR, MD, Joseph R	Allegheny
FALCONE, MD, Domenico	Lehigh
FALES, MD, Catherine H	Philadelphia
FALGUERA, MD, Dominador Q	Delaware
FALK, MD, Arthur E	Montgomery
FALK, MD, Edward C	Mercer
FALK JR, MD, Robert B	Lancaster
FALKENBERG, MD, Gisela H G	Bradford
FALKENBERG, MD, K Jorg	Bradford
FALKENSTEIN II, MD, Richard C	Dauphin
FALKER, MD, John M	Montgomery
FALL, MD, Michael H	Blair
FALLAHNEJAD, MD, Manoucher	Philadelphia
FALLON III, MD, Edward C	Berks
FALOR, MD, Stanley E L	Greene
FALUDI, MD, Georgina	Philadelphia
FALVO, MD, Ernest A	Allegheny
FAN, MD, Young C	Venango
FANELLE, JOSEPH W	Students
FANG, MD, Peter J W	Franklin
FANNING, DO, John M	Delaware
FARACE, MD, Joseph L	Northampton
FARAGALLA, MD, Ramses I	Franklin
FARB, MD, Stanley N	Montgomery
FARBER, MD, Barry M	Philadelphia
FARBER, MD, David N	Berks
FARBER, MD, Emanuel P	Philadelphia
FARBER, MD, Eric B	Berks
FARBER, MD, Harold I	Berks
FARBER, MD, John L	Philadelphia
FARBER, MD, Martin	Philadelphia
FARIA, DO, Russell W	Schuylkill
FARIES JR, MD, George B	Dauphin
FARKAS, MD, Andrew A	Jefferson
FARKAS, MD, Barry L	Allegheny
FARKAS, MD, Robert W	York
FARLEY, MD, James C	Lackawanna
FARMATI, MD, Oscar	Crawford
FARMER, MD, Harold E	Montgomery
FARMER, MD, John L	Lancaster
FARMER, MD, Lenore	Allegheny
FARNEY, MD, Esther S	Allegheny
FARNON, MD, Christa U	Philadelphia
FARO, ALBERT	Allegheny
FARR, MD, James	Carbon
FARRAR JR, MD, George E	Philadelphia
FARRELL, MD, Dorothy A	Luzerne
FARRELL, MD, Edward L	Allegheny
FARRELL, MELANIE A	Students
FARRELL, MD, Peter E	Lehigh
FARRELL, MD, Robert E	Lackawanna
FARRELL, MD, Thomas A	Philadelphia
FARRELL, MD, William J	Lackawanna
FASANO, DO, Charles P	Union
FASCIANA, MD, Guy M	Luzerne
FASS, MD, Barry D	Philadelphia
FASSL, MD, Joseph J	Lehigh
FAST, MD, Willis B	Bucks
FATEMI, MD, Jalal B	Luzerne
FATO, MICHELINA	Allegheny
FATULA, MD, George M	Jefferson
FATUR, MD, Leo M	Allegheny
FAUNCE III, MD, James G	Bucks
FAUST, MD, Donald S	Berks
FAUST, MD, Elizabeth B	Delaware
FAUST, MD, Herbert A	Chester
FAVA, MD, George E	Lebanon
FAVAZZA, MD, Frank W	Northampton
FAVINI, MD, Josephine L	Lackawanna
FAVINI, MD, M Peter	Lackawanna
FAVINO, MD, C James	Montour
FAWCETT, MD, James L	Allegheny
FAYE, MD, Robyn B	Philadelphia
FEAR, MD, Jesse G	Columbia
FEASTER, MD, Marshall M	Berks
FEBBRARO, MD, Anthony A	Montgomery
FECZKO, MD, William A	Allegheny
FEDELE, MD, Charles R	Bradford
FEDERICI, MD, Valerio J	Philadelphia
FEDERMAN, MD, Jay L	Delaware
FEDERMAN, MARC R	Students
FEDYSHIN, MD, Peter J	Allegheny
FEE JR, MD, William H	Venango
FEEHAN, MD, Patrick R	Lancaster
FEEMAN, MD, Theresa J	Erie
FEENEY, MD, Robert A	Lehigh
FEERICK, MD, John P	Luzerne
FEES JR, MD, Arch W	Blair
FEHNEL, MD, Stephen H	Berks
FEICHT, DO, Charles M	Beaver
FEICK, MD, Ralph H	Berks
FEIG, MD, Stephen A	Philadelphia
FEIGEN, MD, Michael	Clearfield
FEIGLEY, MD, Donald M	Bucks
FEIGON, MD, Kim L	Philadelphia
FEIN, MD, Amnon	Luzerne
FEIN, DO, Howard K	Montgomery
FEINBERG, MD, David H	Northampton
FEINBERG, MD, Kalmen A	Schuylkill
FEINBERG, MD, Michael J	Philadelphia
FEINGOLD, MD, Joseph L	Delaware
FEINSMITH, MD, Norman	Philadelphia
FEINSTEIN, MD, Michael A	Montgomery
FEINSTEIN, MD, Peter A	Luzerne
FEINSTEIN, MD, Theodore A	Philadelphia
FEIST, MD, John H	Allegheny
FELDAN, MD, Paul E	Philadelphia
FELDER, MD, Herman	Allegheny
FELDMAN, MD, Arthur M	Philadelphia
FELDMAN, MD, Ella S	Philadelphia
FELDMAN, MD, Julian D	Philadelphia
FELDMAN, MD, Larry B	Lehigh
FELDMAN, MD, Stewart L	Allegheny
FELDMEIER, MD, Curtis J	Beaver
FELICE, MD, Civie D	Allegheny
FELIX, MD, Dionisio	Philadelphia
FELLERMAN, MD, Herbert	Luzerne
FELLIN, CHRIS W	Students
FELLIN, MD, Frederick M	Philadelphia
FELSHER, MD, Jonathan C	Berks
FELTWELL JR, MD, Peter M	Allegheny
FENCEL, MD, Richard M	Dauphin
FENLIN JR, MD, John M	Philadelphia
FENN, MD, Patricia A	Montgomery
FENNER, MD, Henry E	Lycoming
FENSTER, MD, Martin M	Philadelphia
FENTON, MD, Ivor	Schuylkill
FEO, MD, Louis G	Philadelphia
FERER, MD, Walter C	Crawford
FERGUSON, MD, Donald G	Allegheny
FERGUSON, MD, Robert H	Lancaster
FERGUSON, MD, Roger J	Allegheny
FERGUSON, MD, Thomas G	Allegheny
FERGUSON JR, MD, Albert B	Allegheny
FERGUSON JR, MD, Guerrant H	Philadelphia
FERGUSON JR, MD, Theodore J	Allegheny
FERLAN, MD, Lawrence	Allegheny
FERNANDEZ, MD, Eduardo I	Lycoming
FERNANDEZ, MD, Oscar V	Erie
FERNANDO, MD, Michael F	Blair
FERNANDO, MD, Neville A	Erie
FERRARA, MD, Frank M	Philadelphia
FERRARA, MD, Vincent L	Philadelphia
FERRARO, MD, Michael M	Luzerne
FERRARO, MD, Patrick J	Lackawanna
FERRARO, MD, Robert J	Erie
FERREIRA, MD, Arturo J	Philadelphia
FERRERO, MD, Bruce R	Allegheny
FERRI, MD, Henry G	Allegheny
FERRIER, MD, Melvin C	Centre
FERRIGNO JR, MD, Carmen J	Columbia
FERRONI, MD, Joseph S	Delaware
FERRUCCI JR, MD, William S	Jefferson
FERRY, MD, Gerald W	Berks
FERRY, MD, Nicholas J	Bucks
FERSON, MD, Peter F	Allegheny
FESCINA, MD, Joseph V	Luzerne
FETCHKO, MD, Alexander M	Allegheny
FETTER, MD, Ferdinand	Philadelphia
FETTERMAN, MD, George H	Allegheny
FETTERMAN, MD, Henry H	Lehigh
FETTEROLF, MD, Donald E	Allegheny
FETTEROLF, MD, Michael L	Venango
FETZER, MD, Arthur E	Lehigh
FEUDALE, MD, Richard F	Schuylkill
FEUSSNER, MD, James W	Philadelphia
FICKE, MD, J Ronald	Philadelphia
FIDELER, MD, Richard	Dauphin
FIDEN JR, MD, William J	Beaver
FIEDLER, MD, James J	Philadelphia
FIEDLER, MD, Roy W	Allegheny
FIEHLER, MD, Paul C	Allegheny
FIELD, MD, Howard L	Philadelphia
FIELD, MD, John M	Dauphin
FIELD-MUNVES, MD, Ellen M	Lehigh
FIELDING, JULIA R	Allegheny
FIELDS, MD, Harry	Philadelphia
FIERER, MD, Robert R	Dauphin
FIGLIN, DO, Joshua M	Centre
FIGUEROA, MD, William G	Philadelphia
FIGURA, MD, Judith H	Allegheny
FIKRI, MD, Erden	Cambria
FILE, MD, James C	Mercer
FILIP, MD, John R	Montgomery
FILIPEK, MD, Steele W	Allegheny
FILIPEK, MD, Walter J	Northampton
FILKINS, MD, Karen	Allegheny
FILLMAN, MD, John B	Huntingdon
FILMYER JR, MD, Edward A	Philadelphia
FILOSA, MD, Robert J	Montgomery
FINCH, MD, Alberta M	Monroe
FINCH, MD, Frank G	Lehigh
FINDER, MD, Marc J	Cambria
FINE, MD, Alan	Allegheny
FINE, CARYN	Allegheny
FINE, MD, Daniel	Allegheny
FINE, MD, Edward M	Crawford
FINE, MD, Eric W	Philadelphia
FINE, MD, Michael J	Westmoreland
FINE, MD, Robert	Montgomery
FINEBERG, MD, Charles	Philadelphia
FINEGOLD, MD, Aaron N	Allegheny
FINEGOLD, MD, Joseph	Allegheny
FINEGOLD, MD, Richard A	Allegheny
FINEGOLD, MD, Wilfred J	Allegheny
FINESTONE, MD, Albert J	Philadelphia
FINESTONE, MD, Israel	Philadelphia
FINESTONE, MD, Stephen C	Allegheny
FINGERET, MD, Arnold E	Allegheny
FINGERUT, MD, Jerald C	Montgomery
FINGO, MD, Albert J	Montgomery
FINK, MD, Gordon B	Philadelphia
FINK, MD, Jack W	Montgomery
FINK, MD, Paul J	Philadelphia
FINK, MD, William L	Beaver
FINK JR, MD, Albert H	Delaware
FINK JR, MD, Howard E	Dauphin
FINKELHOR, MD, Howard B	Allegheny
FINKELSTEIN, MD, Amy H	Philadelphia
FINKELSTEIN, MD, David	Philadelphia
FINKELSTEIN, MD, Gary S	Bucks
FINKELSTEIN, MD, Herman	Lycoming
FINKELSTEIN, MD, Sydney D	Philadelphia
FINLAY, MD, James W	Allegheny
FINLEY, MD, John G	Bucks
FINN, MD, David R	Lycoming
FINN, MD, Joanne	Erie
FINN, MD, Joseph L	Philadelphia
FINN, MD, Martha J B	Lycoming
FINNEGAN, MATTHEW J	Students
FINNEGAN, MD, Walter J	Lehigh
FINNESON, MD, Bernard E	Philadelphia
FINO, MD, Gregory	Luzerne
FINO, MD, Gregory J	Allegheny
FINO, MD, Julius A	Warren
FIOL-SILVA, MD, Zoraida M	Philadelphia
FIRPO JR, MD, John J	Delaware
FIRST, MD, Arthur	Philadelphia
FIRST, MD, Howard E	Philadelphia
FIRST, MD, Stewart E	Philadelphia
FIRTH, MD, George E	Philadelphia
FISCHBACH, MD, Max W	Philadelphia
FISCHER, MD, Carl C	Philadelphia
FISCHER, MD, David H	Philadelphia
FISCHER, MD, Edward C	Berks
FISCHER, MD, H Keith	Philadelphia
FISCHER, MD, Rolf H	Schuylkill
FISCHER, MD, Sharon P	Philadelphia
FISCHER, MD, Steven W	Delaware
FISCHER JR, MD, Carl R	Philadelphia
FISCHETTI, MD, John L	Chester
FISCHL, MD, Edwin C	Allegheny
FISHBEIN, LESLIE J	Students
FISHBEIN-SCHILLER, DEBBIE E	Students
FISHER, MD, Alvin H	Montgomery
FISHER, MD, Bernard	Allegheny
FISHER, MD, Curtis K	Allegheny
FISHER, MD, Don L	Allegheny
FISHER, MD, Gail	Allegheny
FISHER, DO, Gary A	Philadelphia
FISHER, MD, Harold	York
FISHER, MD, John T	Centre
FISHER, MD, Joseph S	Philadelphia
FISHER, MD, Lawrence C	York
FISHER, MD, Luther I	Northampton
FISHER, MARK A	Students
FISHER, MD, Mary S	Philadelphia
FISHER, MD, Norman J	Montgomery
FISHER, MD, Philip C	Bradford
FISHER, MD, Robert C	Philadelphia
FISHER, MD, Robert M	Montgomery
FISHER, MD, Roscoe L	York
FISHER, MD, Seth M	Philadelphia
FISHER, MD, Seth W	Bradford
FISHER, MD, Stephen N	Allegheny
FISHER, MD, T Forrest	Allegheny
FISHER, MD, Todd R	Dauphin
FISHER III, MD, George R	Philadelphia
FISHER JR, MD, Joseph W	Northampton
FISHKIN, MD, Hymel	Allegheny
FISHMAN, CRAIG L	Allegheny
FISK, MD, David E	Montour
FISSEL, MD, George E	Lycoming
FISTER, MD, Frederick D	Lehigh
FITTING JR, MD, George M	Allegheny
FITZ, MD, Ralph W	Allegheny
FITZGERALD, MD, James L	Lehigh
FITZMAURICE, MD, John W	Delaware
FITZPATRICK, DO, James W	Schuylkill
FITZPATRICK, MD, Marcia A	Delaware
FITZPATRICK, MD, Ruthann P	Delaware
FITZSIMONS, MD, Thomas R	Lehigh
FLACCO, MD, Albert J	Bucks
FLAHERTY, MD, Morgan F	Allegheny
FLAMBERG, MD, Ira W	Mercer
FLAMINI, MD, John A	Erie
FLANAGAN, MD, H Franklin	Philadelphia
FLANAGAN, MD, Joseph C	Delaware
FLANAGAN, MD, Margaret M	Franklin
FLANAGAN, MD, Michael D	Philadelphia
FLANDERS, MD, Elwood P	York
FLANIGAN JR, MD, John L	Schuylkill
FLANNAGAN, MD, Samuel W	Westmoreland
FLANNERY, MD, Terrence P	Montgomery
FLANNERY, MD, Wilbur E	Lawrence
FLEAGLE, MD, Genevra S	Centre
FLEAGLE, MD, Samuel B	Centre
FLEEGLER, MD, Francene M	Philadelphia
FLEEGLER, MD, Saul M	Westmoreland
FLEISCHER, MD, Alan N	Berks
FLEISCHER, MD, Leslie R	Lancaster
FLEISCHER, MD, Scott A	Philadelphia
FLEISHER, DO, Richard D	Philadelphia
FLEISHMAN, MD, Martin J	Mifflin/Juniata
FLEMING, MD, Arthur W	Allegheny
FLEMING, MD, Burton A	Philadelphia
FLEMING, MD, George E	Blair
FLEMING, MD, Peter A	Allegheny
FLEMING, MD, Richard M	Allegheny
FLETCHER, MD, Louis	Philadelphia
FLETCHER, MD, Ronald M	Dauphin
FLETCHER, MD, Thomas F	Dauphin
FLETMAN, DO, Herbert	Philadelphia
FLICK, MD, Kathryn L	Erie
FLICKINGER, MD, Frederick W	York
FLINKMAN, MD, Leonard	Philadelphia
FLINN, SCOTT D	Allegheny
FLIT, MD, Frank J	Allegheny
FLOM, MD, David M	Allegheny
FLOOD, MD, James M	Bradford
FLOOD, MD, Jill T	York
FLORA, MD, William K	Cambria
FLORENTIN, MD, Heriberto M	Westmoreland
FLORES, MD, Alberto C	Lancaster
FLORES, MD, Carlos I	Lawrence
FLORES, MD, Evelyn R	Berks
FLORES, MD, Maria L	Delaware
FLORES, MD, May R	Beaver
FLORES, MD, Nicholas E	Allegheny
FLORES JR, MD, Emilio G	Elk/Cameron
FLORES JR, JAMES H	Students
FLORIAN, MD, Frederick M	Allegheny
FLOWERS, MD, Peter B	Lebanon
FLOYD, MD, Susan L	Allegheny
FLURKEY, MD, Emerson C	Dauphin
FLYNN, MD, J Dennis	Blair
FLYNN, JOHN M	Allegheny
FLYNN, MD, Richard J	Bradford
FOBIA, MD, John B	Philadelphia
FOCHLER, MD, Francis J	Blair
FODERARO, MD, John C	Philadelphia
FOGEL, MD, Stewart R	Allegheny
FOGLEY, MD, Anees R	Lackawanna
FOKSTUEN, MD, Terje S	Mckean
FOLDES, MD, Julius	Luzerne
FOLDES, MD, Steven I	Montour
FOLDES, MD, Veronika M	Montour
FOLDES-ROTH, MD, Elisabeth	Berks
FOLEY JR, MD, Edward L	Washington
FOLEY JR, MD, Francis L	York
FOLLMER, MD, Don C	Northampton
FOLTZ EXEC, SEC, Ms Susan	Lebanon
FONG, MD, Jake	Westmoreland
FONG, JONATHAN C	Students
FONOROFF, MD, David L	Allegheny
FONTANA, MD, Armand L	Allegheny
FONTANA, MD, Frank L	Allegheny
FONTANILLA, MD, Rodolfo C	Philadelphia
FONTE, MD, Richard J	Dauphin
FOOTE, MD, Joseph W	Philadelphia
FOOTERMAN, MD, Harold	Allegheny
FORBES, MD, Thomas W	Allegheny
FORCE, MD, Thomas B	Philadelphia
FORCEY, MD, Clarke M	Centre
FORCEY, MD, Lloyd R	Lycoming
FORD, MD, Francis W	Bucks
FORD, MD, Robert W	Allegheny
FORD, MD, William B	Allegheny
FORD, MD, William T	Lycoming
FOREMAN, MD, Bruce P	Erie
FOREMAN, MD, Joseph	Philadelphia
FOREST, MD, Jean L	Philadelphia
FOREST, MD, Pamela J	York
FORKER, MD, Thomas	Lebanon
FORKER, MD, Thomas S	Lycoming
FORMAN, MD, Harvey R	Philadelphia
FORMAN, HOWARD I	Students
FORMAN, MD, Irwin H	Lancaster
FORMAN, JEFFREY D	Students
FORMAN, MD, Joseph E	Philadelphia
FORMAN, MD, Kenneth J	Philadelphia
FORMAN, MD, Samuel	Philadelphia
FORMAN, MD, Simon B	Philadelphia
FORNASIER, MD, Louis S	Delaware
FORNWALT, MD, George R	Delaware
FORNWALT, MD, Helen L	Philadelphia

FORREY EXEC SEC, CANDY	Monroe
FORSBERG, MD, James L	York
FORSE JR, MD, David P	Blair
FORST, MD, Paul E	York
FORSTATE, MD, William J	Allegheny
FORSTATER, MD, Alan T	Philadelphia
FORSTER, DO, Carl J	Schuylkill
FORSYTH, MD, Kyle L	Bucks
FORSYTHE, MD, Patrick D	Dauphin
FORTI, MD, William P	Dauphin
FORTUNATO, MD, James J	Allegheny
FOSS, MD, David E	Allegheny
FOSTER, MD, Frederick G	Butler
FOSTER, MD, Howard K	Allegheny
FOSTER, MD, Ian S	Montour
FOSTER, MD, John S	Chester
FOSTER, MD, Mark R	Crawford
FOSTER, MD, Sylvia L	Montgomery
FOSTER, MD, Walter D	Westmoreland
FOSTER, MD, Walter R	Allegheny
FOSTER, WAYNE P	Students
FOSTER JR, MD, John V	Dauphin
FOULK JR, MD, Morris	Delaware
FOULSHAM II, MD, Charles K	Clinton
FOURHMAN-OLEWILER EX. SEC, Mrs Kath	York
FOURNIER, MD, Raymond	Erie
FOUST, MD, Tilman H	Dauphin
FOUST, MD, Wilson A	Lancaster
FOWBLE, MD, Barbara D	Philadelphia
FOWLER, ERIC K	Students
FOX, MD, Charles F	Armstrong
FOX, MD, Craig D	Washington
FOX, MD, Donald	Philadelphia
FOX, MD, Donald C	Butler
FOX, MD, Karl R	Allegheny
FOX, MD, Michael L	Delaware
FOX, MD, Robert D	Philadelphia
FOX, MD, Roger E	Delaware
FOX, MD, Stephen C	Chester
FOX, MD, Stewart	Lehigh
FOX, DO, Thomas M	Montgomery
FOX, MD, William F	Lehigh
FOX IV, MD, James W	Philadelphia
FOXX, MD, William F	Chester
FRABLE, MD, Dean G	Schuylkill
FRAGOLA, MD, Jorge A	Allegheny
FRAKES, MD, Shirley I	Philadelphia
FRALEY, MD, Henry W	Armstrong
FRALICK, MD, Jerry L	Allegheny
FRAME, MD, David C	Washington
FRANCE, MD, Laurence W	Lancaster
FRANCESCANGELI JR, MD, Vincent	Monroe
FRANCIS, MD, George J	Allegheny
FRANCIS, MD, Paul D	Montour
FRANCO, MD, Alexander	Centre
FRANCOIS, MD, Max B	Berks
FRANGIPANE, MD, Leo G	Berks
FRANGOS, MD, James N	Lackawanna
FRANK, MD, Barbara B	Delaware
FRANK, MD, Herbert L	Dauphin
FRANK, MD, Jeffrey B	Berks
FRANK, MD, Leonard A	Montgomery
FRANK, MD, Martin N	Montgomery
FRANK, MD, Patrick J	Lebanon
FRANK, MD, Paul E	Montgomery
FRANK, MD, Reuben	Montgomery
FRANK, MD, Robert L	Montgomery
FRANKEL, MD, Arthur M	Montgomery
FRANKEL, MD, Carl A	Dauphin
FRANKEL, MD, Harry A	Philadelphia
FRANKEL, MD, Leon A	Philadelphia
FRANKEL, MD, Leslie B	Montgomery
FRANKEL, MD, Matthew C	Philadelphia
FRANKEL, MD, Sharon R	Philadelphia
FRANKENFIELD, MD, Bruce A	Lehigh
FRANKENSTEIN, MD, Herbert	Allegheny
FRANKL, MD, William S	Philadelphia
FRANKLIN, MD, Donald S	Fayette
FRANKLIN, MD, Irvin D	Bucks
FRANKLIN, MD, John W B	Allegheny
FRANKOVITCH, MD, Karl F	Erie
FRANTZ, MD, Alfred S	Franklin
FRANTZ, MD, Robert C	Berks
FRANTZ, MD, Robert R	Carbon
FRANZ, MD, John P	Allegheny
FRANZINO, MD, Robert R	Allegheny
FRASER, DOUGLAS H	Students
FRATTALI, MD, August	Lackawanna
FRAUENHOFFER, MD, Elizabeth E	Dauphin
FRAUNFELDER, MD, John A	Northampton
FRAYER, MD, William C	Philadelphia
FRAZIER, MD, Thomas G	Montgomery
FRAZIER II, MD, John E	Allegheny
FREDA, MD, Richard N	Indiana
FREDERIC, MD, Myron W	Philadelphia
FREDERICK, MD, David W	Lancaster
FREDERICK, MD, Paul L	Armstrong
FREDERICKS, MD, Lillian E	Philadelphia
FREDERICKSON, MD, Howard N	York
FREEBERG, MD, John R	Montgomery
FREEDBERG, MD, Lawrence E	Westmoreland
FREEDMAN, MD, Abraham G	Philadelphia
FREEDMAN, MD, Allan P	Philadelphia
FREEDMAN, MD, Donald B	Dauphin
FREEDMAN, MD, E Fannie	Philadelphia
FREEDMAN, MD, Jacob J	Philadelphia
FREEDMAN, MD, Lawrence T	Montgomery
FREEDMAN, MD, Louis J	Luzerne
FREEHAFER, MD, John F	Chester
FREELAND, MD, George R	Delaware
FREEMAN, MD, Albert W	Franklin
FREEMAN, MD, Ian L	Allegheny
FREEMAN, MD, Joseph T	Philadelphia
FREEMAN, MD, Leo C	Chester
FREEMAN, MD, Richard E	Potter
FREEMAN, MD, William A	Franklin
FREENOCK JR, MD, Thomas F	Delaware
FREIFELD, MD, Martin L	Luzerne
FREILICH, MD, Howard S	Philadelphia
FREIMAN, MD, David B	Philadelphia
FREIMANIS, MD, Maija G	Allegheny
FREIMUTH, MD, Erich J	Montgomery
FREISTAT, MD, Eric T	Dauphin
FREIWALD, MD, Milton J	Philadelphia
FREMER, MD, Abraham	Philadelphia
FRENCH, MD, Elizabeth G	Chester
FRENCH, MD, Gordon N	Chester
FRENCH, MD, Travis A	Lawrence
FRESHMAN, MD, John R	Dauphin
FREY, MD, Jeffrey A	York
FREY, DO, Richard P	Lancaster
FREYHOF, MD, Jack N	Philadelphia
FREYMAN, MD, Leon	Montgomery
FREYNIK, MD, Joseph G	Lycoming
FRIBERG, MD, Thomas R	Allegheny
FRIDAY, MD, Daniel M	Blair
FRIDAY, MD, Gilbert A	Allegheny
FRIDAY, MD, John R	Allegheny
FRIDAY, MD, Rupert H	Allegheny
FRIED, MD, Guy W	Philadelphia
FRIED, MD, Jeffrey A	Indiana
FRIED, MD, Martin B	Luzerne
FRIEDBERG, MD, Jay G	Bucks
FRIEDBERG, MD, Milton J	Lehigh
FRIEDENBERG, MD, Steven S	Northampton
FRIEDENBERG, MD, Zachary B	Philadelphia
FRIEDLANDER, MD, Milton A	Dauphin
FRIEDLANDER, MD, Myron	Allegheny
FRIEDMAN, MD, Abraham W	Allegheny
FRIEDMAN, MD, Adele K	Philadelphia
FRIEDMAN, MD, Bart J	Westmoreland
FRIEDMAN, MD, Donald	Delaware
FRIEDMAN, MD, Edward S	Allegheny
FRIEDMAN, MD, Ellis F	Berks
FRIEDMAN, MD, Gerald M	Columbia
FRIEDMAN, MD, Henry B	Luzerne
FRIEDMAN, MD, Irwin	Bucks
FRIEDMAN, MD, Jeffrey	Philadelphia
FRIEDMAN, MD, Jerald N	Northampton
FRIEDMAN, MD, Jon R	Montgomery
FRIEDMAN, MD, Louis L	Allegheny
FRIEDMAN, MD, Mark C	Dauphin
FRIEDMAN, DO, Martin L	Philadelphia
FRIEDMAN, MD, Milton L	Philadelphia
FRIEDMAN, MD, Monte R	Philadelphia
FRIEDMAN, MD, Oren L	Philadelphia
FRIEDMAN, MD, Paul S	Philadelphia
FRIEDMAN, MD, Phillip	Bucks
FRIEDMAN, MD, Richard A	Philadelphia
FRIEDMAN, MD, Robert B	Allegheny
FRIEDMAN, ROBERT J	Allegheny
FRIEDMAN, MD, Ronald H	Philadelphia
FRIEDMAN, MD, Sidney	Philadelphia
FRIEDMAN, MD, Sumner H	Dauphin
FRIEDMANN, DO, Daniel V	Philadelphia
FRIEDRICH, MD, Joachim H	York
FRIEDSAM, MD, Patricia L	Philadelphia
FRIEMAN, MD, Barbara G	Philadelphia
FRIES, MD, Gene T	Lycoming
FRINK, RICHARD O	Allegheny
FRISCH, MD, Mark B	Philadelphia
FRISHMUTH, MD, Gertrude J	Philadelphia
FRITCHEY JR, MD, John A	Dauphin
FRITCHLEY, MD, Rodney B	Cumberland
FRITZ, MD, Louisa J	Wyoming
FRITZ, MD, Mark P	Allegheny
FRITZ, MD, Paul G	Philadelphia
FRITZ, MD, William D	Venango
FRITZ JR, MD, Karl J	Warren
FROBESE, MD, Alfred S	Philadelphia
FROEHLICH, MD, Arthur D	Dauphin
FROMAN, MD, Stephen M	Beaver
FROMM, MD, Mitchel L	Lehigh
FROMME, MD, Kenneth L	Dauphin
FRONCZEK, MD, William M	Allegheny
FRONCZEK JR, MD, William M	Washington
FRONDUTI, MD, Lucian J	Westmoreland
FRONDUTI, MD, Robert L	Allegheny
FROOZAN, MD, Homayoon	Lackawanna
FROST, MD, Albert G	Montgomery
FROST, MD, Barbara D	Philadelphia
FROST, MD, Stephen S	Philadelphia
FRUMIN, MD, Abraham M	Philadelphia
FRUMIN-EISENBERG, MD, Vera	Philadelphia
FRY, MD, Chloe O	Dauphin
FRY, MD, Robert L	Franklin
FRYCZYNSKI, MD, Thaddeus P	Erie
FRYE, MD, John W	Luzerne
FRYE, DO, Joyce C	Philadelphia
FU, MD, Freddie H	Allegheny
FUCHS, MD, David E	Lancaster
FUERST, MD, Nicholas E	Washington
FUGARO, DO, Anthony J	Montgomery
FUGATE, MD, Howard	Jefferson
FUGATE, MD, James K	Jefferson
FUGATE, DO, Jeffrey S	Dauphin
FUGATE JR, MD, Howard	Jefferson
FUGAZZOTTO, MD, Pasquale J	Lehigh
FUGE, LADONNA H	Students
FUHRMAN, MD, Carl R	Allegheny
FUJIMAGARI, MD, Tak	Lawrence
FUKUI, MD, Paul T	Chester
FULCHIERO, MD, Gregory J	Blair
FULCINITI, MD, Rocco A	Allegheny
FULLER, MD, Garry L	Allegheny
FULLER, MD, Virginia S	Allegheny
FULTON, MD, Harry C	Lancaster
FULTON, MD, William O	York
FUMIA, MD, Frank J	Delaware
FUNCH, MD, Ross S	Philadelphia
FUNK JR, MD, Elmer H	Philadelphia
FUNK JR, MD, F Coleman	Lycoming
FUNKE, MD, Alvin H	Columbia
FUNKHOUSER, MD, George R	Montour
FUNKHOUSER, MD, Jay L	Beaver
FUNT, MD, Loren	Allegheny
FUOCO, MD, John J	Mifflin/Juniata
FUOSS, MARK J	Allegheny
FUREY, DO, Kevin P	Philadelphia
FUREY, MD, Sandy A	Lackawanna
FUREY JR, MD, Charles A	Philadelphia
FURGIUELE, MD, Francis P	Philadelphia
FURGIUELE-IRACKI, MD, Natalie	Allegheny
FURIA, MD, Frederick A	Delaware
FURIA, MD, Robert	Delaware
FURIGAY, MD, R L	Cambria
FURLONG, CHRISTOPHER B	Students
FURMAN, MD, Donald J	Warren
FURMAN, MD, Harold B	Montgomery
FURMAN, MD, Joseph M R	Allegheny
FURNARY, MD, James S	Cambria
FURNER, DO, Carl L	Luzerne
FURR, MD, Charles M	Erie
FURREY, MD, John A	Dauphin
FURUKAWA, MD, Edward F	Philadelphia
FUSCO, MD, Robert D	Allegheny
FUSCO-RIPKA, MD, Giovanna D	Berks
FUSIA, MD, Joseph F	Allegheny
FUSIA JR, MD, Donald A	Westmoreland
FUST, MD, John A	Erie
FUTCHER, MD, Palmer H	Philadelphia
FUTRELL, MD, J William	Allegheny

G

GAARY, MD, Alvin E	Delaware
GABOS, MD, Charles W	Allegheny
GABOS, MD, Paul F	Allegheny
GABRESKI, MD, Robert G	Warren
GABRIEL, MD, Larry C	Lawrence
GABRIEL, MD, Peter	Fayette
GABRIEL, MD, Steven A	Lawrence
GABRIELE, MD, August A	York
GABUZDA, MD, Thomas G	Philadelphia
GADANI, MD, Pravin R	Perry
GADBOIS, MD, William F	Northampton
GAEMAN, TAMMI D	Students
GAFFNEY, MD, Edmund J	Montgomery
GAFFNEY, MD, John J	Lackawanna
GAFFNEY, MD, Paul C	Allegheny
GAFFORD, MD, Grady D	Tioga
GAGIANAS, PETER J	Allegheny
GAGLIARDI, MD, Ida J	Beaver
GAIA, MD, Juan D	Luzerne
GAIDYS, MD, William G	Bradford
GAIN, MD, Thomas B	Philadelphia
GAISFORD, MD, John C	Allegheny
GAITHER, MD, Herbert	Dauphin
GAJULA, MD, L Narayan	Carbon
GALA, MD, Indira H	Philadelphia
GALANTE, MD, Lisa	Philadelphia
GALATI, MD, Victor G	Delaware
GALDUN, MD, John P	Allegheny
GALENA, MD, Harold J	Philadelphia
GALGON, MD, John P	Lehigh
GALIA, MD, Joseph H	Delaware
GALIB, MD, Samuel H	Chester
GALINDO-RODRIGUEZ, MD, Ana I	Montgomery
GALLAGER, MD, James G	Montour
GALLAGHER, MD, Donald I	Delaware
GALLAGHER, MD, Doris B	Montgomery
GALLAGHER, MD, Henry G	Luzerne
GALLAGHER, MD, John E	Armstrong
GALLAGHER, MD, Michael J	Lackawanna
GALLAGHER, MD, Philip E	Erie
GALLEN, MD, John H	Berks
GALLETTA, MD, Anthony S	Washington
GALLIA, MD, Francis J	Dauphin
GALLIGAN, MD, William J	Philadelphia
GALTMAN, MD, Lawrence M	Philadelphia
GALVEZ, MD, Marietta L	Philadelphia
GAMBESCIA, MD, Joseph M	Philadelphia
GAMBESCIA, MD, Richard A	Philadelphia
GAMBETTA, MD, Esmeralda	Philadelphia
GAMBONE, MD, Victor E	Philadelphia
GAMBURG, MD, Steven J	Philadelphia
GANDHI, MD, Anant J	Allegheny
GANDY, DO, Daniel R	Lycoming
GANGLOFF, MD, Michael A	York
GANIBAN, MD, Justiniano S	Philadelphia
GANIME, MD, Peter D	Montgomery
GANNON, MD, Jeanne E	Allegheny
GANNON, MD, Reynaldo T	Cambria
GANNON, MD, Robert P	Allegheny
GANOTT, MD, Marie A	Allegheny
GANSMAN, MD, David H	Philadelphia
GARABEDIAN, MD, Joseph A	Montgomery
GARBAK, MD, Frank	Philadelphia
GARBARINO, MD, Andrew A	Cambria
GARBER, MD, Edward H	York
GARBES, MD, Archimedes D	Montour
GARCIA, MD, Alfredo J	Butler
GARCIA, MD, Antonio S	Berks
GARCIA, MD, Celso R	Philadelphia
GARCIA, MD, Diosdado A	Allegheny
GARCIA, MD, Dominador I	Chester
GARCIA, MD, Domingo A	Franklin
GARCIA, MD, Guillermo	Dauphin
GARCIA, MD, Jose A	Dauphin
GARCIA, MD, Jose C	Philadelphia
GARCIA, MD, Jose R	Lehigh
GARCIA, MD, Laureano P	Philadelphia
GARCIA, MD, Marian	Centre
GARCIA, MD, Theodore A	Montgomery
GARDENER, MD, Ralph	Allegheny
GARDNER, MD, Alan M	Chester
GARDNER, DO, Bonnie J	Philadelphia
GARDNER, MD, George E	York
GARDNER, MD, Harry W	Mifflin/Juniata
GARDNER, MD, James L	Lawrence
GARDNER, MD, John C	Wyoming
GARDNER, DO, Marshall K	Philadelphia
GARDNER, MD, Morris Z	Allegheny
GARDNER, MD, Robert S	Allegheny
GARDNER, MD, Shyrelle	Philadelphia
GARDNER, MD, Thomas A	Venango
GARDNER, MD, Thomas W	Venango
GAREIS, MD, John W	Lancaster
GARES, MD, Kathie A	Philadelphia
GARFIELD, MD, Samuel J	Philadelphia
GARFINKEL, MD, Marc E	Allegheny
GARFINKLE, MD, William B	Philadelphia
GARMAN, MD, Ray F	Bradford
GARNER, MD, Blaine R	Bucks
GARNER, MD, Lois L	Venango
GARNER, MD, William J	Allegheny
GARNET, MD, James D	Philadelphia
GAROFALO, MD, Carl A	Fayette
GAROFOLA, MD, John H	Lancaster
GAROFOLI, MD, Caesar A	Allegheny
GARRAWAY, DO, Wayne S	Delaware
GARRETT, MD, John C	Montour
GARRETT, KEVIN O	Allegheny
GARRETT JR, MD, William S	Allegheny
GARRETTSON, MD, James A	Indiana
GARRIDO, MD, Eddy	Lancaster
GARRIOTT, MD, John C	Mercer
GARRISON, MD, David D	Centre
GARRISON, MD, John M	Erie
GARRITY, MD, James A	Allegheny
GARROTT, MD, John W	Armstrong
GARSON, MD, Warfield	Allegheny
GARTLAND, MD, John J	Philadelphia
GARTNER, MD, William S	Delaware
GARTNER JR, MD, William S	Delaware
GARVER, MD, Kenneth L	Allegheny
GARVEY, MD, Edmund P	Lancaster
GARVEY, MD, William P	Erie
GARY, MD, Gerald L	Philadelphia
GARZARELLI, MD, David M	Allegheny
GASCON, MD, Perla G	Philadelphia
GASH, MD, Richard M	Philadelphia
GASIOR, MD, Thomas A	Allegheny
GASKINS, MD, Albert L	Philadelphia
GASOWSKI, MD, Gary L	York
GASPAR, MD, Victoria S	Philadelphia
GASPARI, MD, Raymond J	York
GASTALDO, MD, John A	Lancaster
GASTINEAU, MD, Robert M	Allegheny
GASULL JR, MD, H Robert	Perry
GATSKI, MD, Robert L	Montour
GATTER, MD, Robert A	Montgomery
GATTI, MD, Dominic L	Montgomery
GATTI, MD, Joseph W	Indiana
GATTO, MD, Frank M	Allegheny
GATTUSO, MD, Robert L	Berks
GAUDIO JR, MD, Ralph	Allegheny
GAUDIOSE, MD, Michael C	Franklin
GAUL, MD, James J	Bucks
GAULIN, MD, J Claude	Northampton
GAULT, MD, James H	Lancaster
GAUNTNER, MD, Wallace C	Allegheny
GAUSE, MD, Paul E	Lancaster
GAUSS, MD, William F	Allegheny
GAVIN, MD, George M	Westmoreland
GAVIN, MD, J Robert	Lackawanna
GAWCHIK, DO, Sandra M	Delaware
GAWLAS, DO, Michael R	Dauphin
GAY, MD, Thomas C	Allegheny
GAYDOS, MD, Anna E	Philadelphia
GAYDOS, MD, John D	Beaver
GAYDOS, MD, Thomas L	Northampton
GAYESKI, MD, Richard J	Lancaster
GAYLOR, MD, Donald H	Lehigh
GAYLOR, MD, Theodore H	Lehigh
GAYNOR, MD, William B	Lancaster
GAZAK, MD, Stephen J	Philadelphia
GAZDER, MD, Aftab A	Northumberland
GAZDICK, MD, Mary Anne	Montgomery
GAZEK, MD, Francisco A	Luzerne
GAZMEN, MD, Candonino C	Lackawanna
GAZOWSKI, MD, Thomas E	Luzerne

GEADAH, MD, Fouad A	Dauphin
GEARHART, MD, Lyster M	Lehigh
GEARY JR, DO, Richard C	Montour
GEDEKOH, MD, Robert H	Allegheny
GEDULDIG, MD, Michael M	Dauphin
GEE, MD, William	Lehigh
GEER, MD, Frank D	Lawrence
GEERAERTS, MD, Louis H	Clearfield
GEETTER, MD, Philip H	Bucks
GEFTER, MD, Louis P	Philadelphia
GEGWICH, MD, Frank	Columbia
GEGWICH, MD, Joseph F	Columbia
GEHL, MD, Leonard G	Allegheny
GEHL, MD, Richard	Allegheny
GEHMAN, MD, John W	Mifflin / Juniata
GEHMAN, MD, Milton J	Berks
GEHRING, MD, David A	Venango
GEHRIS, MD, James C	Northumberland
GEHRIS, MD, John M	Northumberland
GEHRIS, MD, Leroy A	Berks
GEHRON JR, MD, William H	Lycoming
GEIGLE, MD, Carl F	Erie
GEISELMAN, MD, Douglas L	York
GEISER, BERNARD T	Allegheny
GEIST, MD, Donald C	Philadelphia
GEITGEY, MD, William I	Blair
GELACEK, MD, Philip A	Armstrong
GELB, MD, Robert I	Philadelphia
GELEHRTER, MD, Joseph	Philadelphia
GELET, MD, Theodore R	Allegheny
GELFAND, MD, David	Philadelphia
GELFOND, MD, David B	Philadelphia
GELLER, MD, D Michael	Montgomery
GELLER, MD, Edward I	Lehigh
GELLER, MD, Joseph	Philadelphia
GELLER, MD, Mark J	Allegheny
GELLER, MD, Michael H	Lehigh
GELMAN, MD, Bruce P	Philadelphia
GEMIL, MD, Corazon G	Chester
GEMMILL, MD, Reginald B	York
GENATO, MD, Jaime M	Westmoreland
GENC, MD, Salim	Mifflin / Juniata
GENDELL, MD, Howard M	Allegheny
GENERALOVICH, MD, Thomas	Allegheny
GENERETTE, MD, William O	Allegheny
GENNARELLI, MD, Thomas A	Philadelphia
GENNARO, MD, Anthony R	Philadelphia
GENOVESE, MD, Frank N	Armstrong
GENT, MD, Joseph A	Venango
GENTER, MD, Bruce E	Philadelphia
GENTILE, MD, Anthony F	Allegheny
GENTILE, MD, Anthony J	Lackawanna
GENTZLER II, MD, Richard D	Lancaster
GEORGE, MD, David L	Berks
GEORGE, MD, Ellen M	Lancaster
GEORGE, MD, Jacob	Erie
GEORGE, MD, James M	Allegheny
GEORGE, MD, John J	Allegheny
GEORGE, MD, Paula	Berks
GEORGE, MD, Robert A	Allegheny
GEORGE, MD, Robert B	Franklin
GEORGE, MD, Robert N	Allegheny
GEORGIADIS, MARK S	Students
GEORGY, MD, Farouk M	Lycoming
GERARD, MD, Joseph A	Allegheny
GERBER, MD, Harris S	Philadelphia
GERBER, MD, John E	Cumberland
GERBER, MD, Michael L	Allegheny
GERBER, MD, Paul	Philadelphia
GERBER, MD, Walter L	Philadelphia
GERBSTADT, CHRISTINE R	Students
GERCHMAN, MD, Leroy B	Lehigh
GERDES, MD, Jeffrey S	Philadelphia
GERDES JR, MD, Joseph H	Dauphin
GERFIN, MD, Ernest R	Wyoming
GERGEN, MD, Werner A	Bradford
GERGER, MD, Joseph P	Westmoreland
GERHART, MD, George R	Berks
GERIG, MD, John S	Montour
GERLACH, MD, Detlef H	York
GERMAN, MD, Antonio I	Erie
GERMAN, MD, Terry M	Montgomery
GERNETH, MD, George J	Allegheny
GERONIMO, MD, Lauro S	Northampton
GERSHENFELD, MD, Marvin A	Philadelphia
GERSHKOFF, MD, Arthur M	Philadelphia
GERSHON, DO, Justin H	Montgomery
GERSON, MD, Irvin M	Montgomery
GERSON, MD, Leroy T	Delaware
GERSTBREIN, MD, Harry L	Armstrong
GERSTLEY III, MD, Louis	Philadelphia
GERSTMAN, MD, Ira	Montgomery
GESSNER, MD, Thomas P	Westmoreland
GETTE, MICHAEL T	Students
GETTE, MD, Warren A	Franklin
GETZ, DO, Harry D	Bucks
GETZ, MD, William B	Philadelphia
GEVER, MD, Harold K	Bucks
GEVJAN, MD, Armen H	Delaware
GHASSEM, MD, Kalani	Philadelphia
GHATAK, MD, Peter K	Northampton
GHATE, MD, Sharad B	Indiana
GHATNEKAR, MD, Jai V	Allegheny
GHIA, MD, Pradeep S	Northampton
GHOSH, MD, Bijoy K	Philadelphia
GHOSH, MD, Suresh C	Philadelphia
GHOSH, MD, Tarit K	Montour
GHOSHHAJRA, MD, Kalyanmay	Allegheny
GIACCIA, MD, Amato	Berks
GIACOBBO, MD, John N	Philadelphia
GIALAMAS, MD, Antonio	Allegheny
GIAM, MD, Patrick Y	Philadelphia
GIAMMATTEI, MD, Frank P	Delaware
GIAMPETRO, MD, Anthony M	Philadelphia
GIANAKON, MD, Harry G	Philadelphia
GIANFAGNA, MD, William J	Schuylkill
GIANNASIO, MD, Charles V	Montgomery
GIANNOPOULOS, MD, Peter H	Chester
GIARDINO, ANGELO P	Students
GIBBLE, MD, Leon W	York
GIBBONS, MD, Richard E	Philadelphia
GIBBONS, MD, Robert J	Luzerne
GIBBONS, MD, William P	Blair
GIBBS, MD, Winfield S	Northumberland
GIBSON, MD, Alice S	Allegheny
GIBSON, MD, F Clay	Westmoreland
GIBSON, KEITH	Students
GIBSON, KEN	Students
GIBSON, MD, Mitchell E	Philadelphia
GIBSON, MD, William B	Delaware
GIBSON, MD, William E	Allegheny
GIBSON, MD, William S	Allegheny
GIBSON, MD, William S	Montour
GIBSON JR, MD, Roy L	Allegheny
GIERING, MD, John F	Luzerne
GIESECKE, MD, Susan B	Berks
GIFFORD, MD, Robert R M	Dauphin
GIGA, MD, Judith P	Allegheny
GIGLIOTTI, MD, Anthony C	Philadelphia
GILBERT, DO, Max	Philadelphia
GILBERT, MD, Robert P	Philadelphia
GILBERTI, MD, Frank F	Allegheny
GILBERTI, MD, Michael V	Allegheny
GILDEA, MD, James E	Dauphin
GILFILLAN, MD, A George	Berks
GILFORD, MD, Lawrence M	Clarion
GILGORE, MD, Gary S	Philadelphia
GILL, MD, Donald J	Philadelphia
GILL, MD, John J	Luzerne
GILL, MD, Lewis M	Bucks
GILL, MD, Robert J	Philadelphia
GILL, ROY A	Students
GILL III, MD, Thomas J	Allegheny
GILLAN, MD, Ernest F	Montgomery
GILLEN, MD, George P	Northampton
GILLEN, WILLIAM S	Students
GILLESPIE, MD, Harry K	Westmoreland
GILLESPY, MARK C	Students
GILLESPY, MD, William G	Lawrence
GILLIGAN, MD, Frank P	Delaware
GILLIS, MD, Angus T	Delaware
GILLIS, MD, Victoria A	Armstrong
GILLUM, MD, David F	Tioga
GILMAN, MD, Edward	Allegheny
GILMAN, MD, Paul B	Philadelphia
GILMORE, MD, Frederick R	Clearfield
GILMORE, MD, George H	Allegheny
GILMORE, MD, Ina M	Lycoming
GILMORE, MD, Irvin W	Berks
GILMORE, MD, James	Allegheny
GILMORE JR, MD, Hugh R	Delaware
GILOT, MD, Jean M	Blair
GILROY, MD, Robert C	Dauphin
GINCHEREAU, MD, Eugene H	Allegheny
GINGRICH, MD, Kerry H	Lebanon
GINGRICH JR, MD, Russell L	Lebanon
GINIECZKI, MD, Chester J	Philadelphia
GINLEY JR, MD, Thomas H	Philadelphia
GINSBERG, MD, David K	Philadelphia
GINSBERG, MD, Gene H	Lehigh
GINSBERG, MD, Joseph E	Lawrence
GINSBURG, MD, Abraham	Philadelphia
GINSBURG, DAVID L	Allegheny
GINSBURG, MD, David S	Delaware
GINSBURG, MD, Howard H	Philadelphia
GINSBURG, MD, Isadore W	Philadelphia
GINSBURG, MD, John L	Union
GINSBURG, MD, Michael J	Allegheny
GINSBURG, MD, Nathan N	Lawrence
GINSBURG, MD, Silas J	Montgomery
GINTER JR, MD, George C	Lycoming
GIOMBETTI, MD, Joseph J	Lackawanna
GIORDANO, MD, Lorraine M	Philadelphia
GIORDANO, MD, Nicholas D	Luzerne
GIORGIO, MD, Quentin M	Delaware
GIOVANNELLI, MD, Anne S	Philadelphia
GIPSON, MD, Lawrence L	Allegheny
GIRARDO, MD, Salvatore P	Philadelphia
GIRDANY, MD, Bertram R	Allegheny
GIRDANY, MD, David S	Allegheny
GIRONE, MD, Joseph A	Bucks
GIRONE, MD, Joseph F	Philadelphia
GIRSH, MD, Leonard S	Philadelphia
GIRTON, MD, Keith E	Clinton
GISLASON, MD, G John	Philadelphia
GITLIN, MD, Melvin C	Montgomery
GITTINGS, MD, Paul E	Allegheny
GITTLEMAN, MD, Mark A	Lehigh
GIUDICE, MD, Virginio J	Philadelphia
GIUFFRE, MD, Adrienne M	Philadelphia
GIUGLIANO, MD, Frank J	Columbia
GIULIAN, MD, Bertrand B	Dauphin
GIULIAN, MD, Karl A	Philadelphia
GIUNTOLI, MD, Robert L	Philadelphia
GIVEN, MD, Kenneth M	Philadelphia
GIVENS, MD, Frederick T	Dauphin
GLADSTONE, MD, Julian L	Delaware
GLAH JR, MD, Henry J	Lancaster
GLANZBERG, MD, Pauline	Montgomery
GLASER, MD, Barry L	Montgomery
GLASKIN, MD, Allen	Philadelphia
GLASS, MD, Gary M	Philadelphia
GLASS, MD, Phillip	Philadelphia
GLASS, MD, Steven J	Philadelphia
GLASSBURN, MD, Edward M	Allegheny
GLASSBURN, MD, John R	Philadelphia
GLASSER, MD, Stuart A	Westmoreland
GLASSMAN, MD, Joel M	Philadelphia
GLASSMAN, MD, Solomon	Philadelphia
GLASSO, MD, Louis C	Allegheny
GLATZ, GUY G	Students
GLAUSER, MD, Felix E	Dauphin
GLAZERMAN, MD, Larry R	Lehigh
GLAZMAN, MD, Lyudmila	Philadelphia
GLEASON, MD, James A	Allegheny
GLEESON, MD, George H	Allegheny
GLEESON, MD, George L	Dauphin
GLENN, MD, John F	Washington
GLENNEY, MD, Wilton	Schuylkill
GLENNON, MD, Joseph A	Philadelphia
GLICK, MD, Abraham	Philadelphia
GLICK, MD, Harold M	Allegheny
GLICK, MD, Kenneth A	Allegheny
GLICK, MD, Mark R	Philadelphia
GLICK, MD, Ronald M	Allegheny
GLIKMAN, MD, Nadezhda	Philadelphia
GLORIOSO, MD, Joseph J	Allegheny
GLORIOSO, MD, Robert C	York
GLOSSER, MD, William E	Berks
GLOWACKI, MD, Francis L	Venango
GLUCK, MD, Michael L	Dauphin
GLUCKMAN, MD, Stephen J	Philadelphia
GLUSCIC, JOHN J	Students
GMUER, MD, Paul J	Erie
GNEGY, MD, Richard	Allegheny
GO, MD, Alfonzo H L	Lycoming
GO, MD, Josephine L	Delaware
GO, MD, Welles P	Philadelphia
GO JR, MD, William C	Cambria
GOBEL, MD, Reginald T	York
GOCHOCO, MD, Jacinto J	York
GODDARD JR, MD, James E	Lancaster
GODFREY, DO, Craig R	Crawford
GODFREY, DO, Scott A	Montgomery
GODINEZ-CEJUDO, MD, Jorge A	Philadelphia
GODLA, MD, Gregory J	Allegheny
GODSHALL, MD, Richard W	Bucks
GODSHALL, MD, Stanley M	Lancaster
GOEBERT, MD, Herbert W	Chester
GOEDECKE, MD, John B	Dauphin
GOEHRING, MD, Donald E	Butler
GOEHRING, MD, Walter O	Allegheny
GOEL, MD, Inder P	Philadelphia
GOELTSCH, MD, Robert E	Cumberland
GOEPP, MD, Carla E	Philadelphia
GOERINGER, MD, C Fred	Montgomery
GOESER, MD, Eugene	Delaware
GOESSLER, MD, Mary C	Allegheny
GOGGIN, MD, Leon D	Beaver
GOHEL, MD, Vijaysinh K	Philadelphia
GOKCEN, ERIC C	Students
GOKHALE, MD, Sudhir B	Erie
GOLANI, MD, Umesh A	Allegheny
GOLD, MD, Allan	Philadelphia
GOLD, MD, Arnold Z	Venango
GOLD, MD, Barbara W	Philadelphia
GOLD, MD, Gordon R	Allegheny
GOLD, MD, Henry J	Philadelphia
GOLD, MD, Herman	Delaware
GOLD, MD, Jack	Erie
GOLD, MD, Jerome A	Philadelphia
GOLD, MD, Jonathan	Bucks
GOLD, MD, Morrie G	Chester
GOLDBACHER JR, MD, Lawrence R	Philadelphia
GOLDBERG, MD, Alan H	Montgomery
GOLDBERG, MD, Barry B	Philadelphia
GOLDBERG, MD, Gary	Philadelphia
GOLDBERG, MD, Harry	Philadelphia
GOLDBERG, MD, Harvey E	Bucks
GOLDBERG, MD, Lisa A	Allegheny
GOLDBERG, MD, Louis	Montgomery
GOLDBERG, MD, Marc B	Philadelphia
GOLDBERG, DO, Murray	Philadelphia
GOLDBERG, DO, Murray E	Chester
GOLDBERG, MD, Richard E	Philadelphia
GOLDBERG, MD, Richard M	Montour
GOLDBERG, MD, Sheldon	Philadelphia
GOLDBERG, MD, Steven E	Philadelphia
GOLDBERG, MD, Steven K	Philadelphia
GOLDBERGER, MD, Arnold	Philadelphia
GOLDBERGER, MD, Daniel	Crawford
GOLDBLATT, MD, Sidney A	Cambria
GOLDBLUM, MD, Abraham D	Allegheny
GOLDBLUM, MD, Lee J	Allegheny
GOLDBLUM, MD, Orin M	Allegheny
GOLDBLUM, MD, Raymond W	Allegheny
GOLDBURGH, MD, Warren P	Philadelphia
GOLDEN, MD, Jean D	Monroe
GOLDEN, MD, Mano R	Montgomery
GOLDEN, MD, Michael F	Chester
GOLDENBERG, MD, Arnold	Chester
GOLDENER, MD, John F	Montgomery
GOLDFARB, MD, Alvin F	Philadelphia
GOLDFARB, MD, Daniel D	Lehigh
GOLDFARB, MD, Harold J	Lehigh
GOLDFARB, MD, I William	Allegheny
GOLDFARB, MD, Lloyd G	Lancaster
GOLDFINE, MD, Alan	Chester
GOLDFINE, MD, Carole S	Philadelphia
GOLDFINE, MD, Harry A	Philadelphia
GOLDFINE, MD, Joseph D	Philadelphia
GOLDIN, MD, Ralph J	Lancaster
GOLDING, MD, Irvin M	Allegheny
GOLDMAN, MD, Arthur	Delaware
GOLDMAN, MD, Duane C	Lancaster
GOLDMAN, MD, Gary L	Lancaster
GOLDMAN, MD, Irving S	Allegheny
GOLDMAN, L BARTON	Students
GOLDMAN, MD, Marvin	Philadelphia
GOLDMAN, MD, Richard J	Delaware
GOLDMAN, MD, Robert F	Franklin
GOLDMAN, MD, Scott M	Philadelphia
GOLDMAN, MD, Stanley R	Dauphin
GOLDMAN, MD, Stephen M	Philadelphia
GOLDSCHMIDT, MD, Herbert	Montgomery
GOLDSCHMIDT, MD, Pauline	Blair
GOLDSCHMIDT JR, MD, Joseph C	Philadelphia
GOLDSMITH, MD, Charles P	Lehigh
GOLDSMITH, MD, Kathleen M	Montgomery
GOLDSTEIN, MD, Arnold L	Bucks
GOLDSTEIN, MD, Arthur M	Philadelphia
GOLDSTEIN, MD, Bernard	Philadelphia
GOLDSTEIN, MD, Elliott J	Allegheny
GOLDSTEIN, MD, Erroll J	Lackawanna
GOLDSTEIN, MD, Franz	Philadelphia
GOLDSTEIN, MD, Gary N	Philadelphia
GOLDSTEIN, MD, Jacob	Philadelphia
GOLDSTEIN, MD, Jerome	Philadelphia
GOLDSTEIN, MD, Jerome B	Delaware
GOLDSTEIN, MD, Larry E	Philadelphia
GOLDSTEIN, MD, Laurence	Dauphin
GOLDSTEIN, MD, Milton J	Lackawanna
GOLDSTEIN, MD, Morton L	Allegheny
GOLDSTEIN, MD, Neil H	Chester
GOLDSTEIN, MD, Norman A	Chester
GOLDSTEIN, MD, Norman S	Philadelphia
GOLDSTEIN, MD, Richard S	Philadelphia
GOLDSTEIN, MD, Robert C	Philadelphia
GOLDSTEIN, MD, Scott D	Philadelphia
GOLDSTEIN, MD, Stephen J	Philadelphia
GOLDSTEIN, MD, William M	Philadelphia
GOLDSTONE, MD, Harry A	Washington
GOLDSTONE, MD, Sheldon B	Lackawanna
GOLDSTROHM, MD, Gregg L	Westmoreland
GOLDSTROHM, MD, Robert G	Indiana
GOLDWEIN, MD, Manfred I	Philadelphia
GOLDWEIN, MD, Marlene F	Philadelphia
GOLER, MD, K Andrew	Montour
GOLLA, MD, Chandra S	Allegheny
GOLLA, MD, Saraswathi K	Allegheny
GOLLATZ, MD, John W	Allegheny
GOLLOMP, MD, Stephen M	Delaware
GOLLUB, MD, Morton J	Philadelphia
GOLOMB, MD, Milton W	Allegheny
GOLOMB, MD, Norman G	Washington
GOLTZ, MD, Gerald M	Allegheny
GOMAR, MD, Alfonso A	Lackawanna
GOMBAR, MD, Edward F	Lackawanna
GOMBERG, MD, Jack A	Philadelphia
GOMEZ, MD, Blanca M	Montgomery
GOMEZ, MD, Luis L	Crawford
GOMEZ, MD, Pedro F	Montgomery
GONICK, MD, Paul	Philadelphia
GONNELLA, MD, Joseph S	Philadelphia
GONTHIER, DOLORES M	Allegheny
GONZALES, MD, Albert	Bucks
GONZALEZ, MD, Alejandro R	Allegheny
GONZALEZ, MD, Carlos	Philadelphia
GONZALEZ, MD, Dominic E	Montgomery
GONZALEZ, MD, Rene M	Philadelphia
GONZALEZ, MD, Roberta B	Philadelphia
GONZALEZ-MASO, MD, George E	Philadelphia
GOOD, MD, Daniel C	Lancaster
GOOD, MD, Harry S	Lehigh
GOOD, MD, Milton S	Lancaster
GOOD, MD, Robert F	Allegheny
GOOD, MD, Robert L	Berks
GOOD, MD, Robert P	Montgomery
GOOD, MD, Vance A	Bradford
GOODMAN, MD, Bruce	Dauphin
GOODMAN, MD, Carl R	Montgomery
GOODMAN, MD, David B	Fayette
GOODMAN, DO, Donald A	Philadelphia
GOODMAN, MD, Gerald A	Berks
GOODMAN, GORDON T	Allegheny
GOODMAN, MD, Mark A	Allegheny
GOODMAN, MD, Richard A	Allegheny
GOODMAN, MD, Robert L	Philadelphia
GOODMAN, MD, Sanford M	Montgomery
GOODMAN, MD, William H	Delaware
GOODNER, MD, David M	Philadelphia
GOODPASTOR, MD, William E	Mercer
GOODREAU, MD, James J	Lehigh
GOODRICH, MD, David C	Northampton
GOODRICH, MD, Edward O	Montgomery
GOODRICH, MD, Jack K	Erie
GOODWORTH, MD, John H	Allegheny
GOOSENBERG, MD, Eric B	Philadelphia
GOPAL, MD, Krishnan A	Allegheny
GOPAL, MD, T A	Lehigh
GOPLERUD, MD, Elizabeth J	Carbon
GOPPALD, MD, Ronald Wm	Bucks
GOPPELT, MD, John W	Montgomery
GORAB II, ROBERT S	Allegheny
GORACCI, MD, Grace G	Philadelphia
GORALCZYK JR, MD, Edward J	Allegheny

GORBY, MD, Charles K	Delaware
GORDEUK, MD, Daniel S	Centre
GORDON, MD, Alan D	Mifflin/Juniata
GORDON, MD, Arthur E	Montgomery
GORDON, MD, Barry M	Allegheny
GORDON, MD, Brian L	Philadelphia
GORDON, MD, Charles A	Lehigh
GORDON, DO, Daniel S	Jefferson
GORDON, MD, Dudley R	Dauphin
GORDON, MD, Elizabeth H	Allegheny
GORDON, MD, Gerald	Montour
GORDON, MD, Harold E	Westmoreland
GORDON, MD, Harold M	Delaware
GORDON, MD, Isadore	Chester
GORDON, MD, Jacob S	Philadelphia
GORDON, MD, James K	Bedford
GORDON, MD, Jerold S	Allegheny
GORDON, MD, Joseph S	Delaware
GORDON, MD, Lawrence A	Montgomery
GORDON, MD, Leonard F	Montgomery
GORDON, LORETTA E	Allegheny
GORDON, MD, Michael E	Berks
GORDON, MD, Michael J	Lehigh
GORDON, MD, Milton S	Westmoreland
GORDON, MD, Murray B	Allegheny
GORDON, PATRICK O	Allegheny
GORDON, MD, Robert A	Lebanon
GORDON, MD, Robert H	Philadelphia
GORDON, DO, Sanford A	Washington
GORDON, MD, Susan J	Philadelphia
GORDON, MD, Tom J	Allegheny
GORDON, MD, William S	Dauphin
GORDON JR, MD, Kenneth H	Montgomery
GOREN, MD, Elihu N	Montgomery
GOREN, MD, Lawrence J	Northampton
GOREN, MD, Robert A	Philadelphia
GOREN, MD, Ronald C	Philadelphia
GOREN, MD, Stanley E	Philadelphia
GORRY, MD, John D	Delaware
GOSFIELD JR, MD, Edward	Philadelphia
GOSHORN, MD, Roy W	Blair
GOSZTONYI JR, MD, Rudolph E	Northampton
GOTLIEB, MD, Jerry	Montgomery
GOTTESFELD, MD, Peter M	Philadelphia
GOTTFRIED, MD, Irving S	Allegheny
GOTTHEIL, MD, Edward	Philadelphia
GOTTLIEB, MD, Harry	Philadelphia
GOTTLIEB, MD, Jerome I	Lancaster
GOTTLIEB, DO, Marshall M	Philadelphia
GOTTLIEB, MD, Philip M	Philadelphia
GOTTLIEB, MD, Robert J	Lancaster
GOTTLIEB, MD, Ronald S	Philadelphia
GOTTLIEB, MD, Stanley	Philadelphia
GOTTSHALL, MD, Samuel C	Lackawanna
GOULD, MD, Richard B	Philadelphia
GOULDIN, MD, Judith A	Lycoming
GOULEY, MD, Benjamin A	Philadelphia
GOURASH, MD, Leona	Allegheny
GOUW, MD, Christopher B	Carbon
GOWDEY, MD, M Agnes	Philadelphia
GOWEN, MD, George F	Montgomery
GOWING, MD, Jean	Philadelphia
GOYAL, MAHEEP K	Students
GOYAL, MD, Suman	Philadelphia
GOYNE, MD, Ruth G	Delaware
GOZUM, MD, Carmen Z	Northampton
GRAB, MD, Edmundo M	Blair
GRABAR, MD, Joyce M	Philadelphia
GRABELSKY, MD, Stephen A	Philadelphia
GRABIAK, MD, Gregory D	Westmoreland
GRABIAS, MD, Stanley L	Berks
GRABOWSKI, MD, Marie A	Luzerne
GRABOYES, MD, Arnold B	Lycoming
GRACE, MD, Helen K	Philadelphia
GRACE, MD, James J	Susquehanna
GRACEY, MD, Jack G	York
GRAD, MD, L Christine	Philadelphia
GRADY, MD, James W	Cambria
GRAF, MD, Kenneth W	Dauphin
GRAFT, MD, David F	Allegheny
GRAHAM, MD, Barry E	Berks
GRAHAM, MD, Garth K	Philadelphia
GRAHAM, MD, Joseph E	York
GRAHAM, MD, Mark G	Philadelphia
GRAHAM, MD, Thomas R	Allegheny
GRAHAM III, MD, William P	Cumberland
GRAJEWSKI, MD, Robert S	Erie
GRAMMES, MD, Charles F	Montour
GRANA, MD, Generosa	Philadelphia
GRANA, MD, Philip C	Bedford
GRANA, MD, Vicente P	Philadelphia
GRANADOS, MD, Nicanor G	Berks
GRANADOS, MD, Suzita N	Berks
GRANDON, MD, Raymond C	Dauphin
GRANICK, MD, Mark S	Allegheny
GRANING, MD, George E	York
GRANOWITZ, MD, Samuel P	Allegheny
GRANSON, MD, Marc A	Northampton
GRANT, MD, Alistair M	Lancaster
GRANT, MD, B David	Delaware
GRANT, MD, Kathleen J	Allegheny
GRANT, DO, Robert	Philadelphia
GRASMICK, MD, Albert L	Adams
GRASSE JR, MD, John M	Lancaster
GRASSI, MD, Joseph J	Lehigh
GRASSI, MD, Michael O	Philadelphia
GRATCH, MD, Michael J	Montgomery
GRATZ, DO, Irwin	Philadelphia
GRATZ, MD, Richard E	Lackawanna
GRAU, MD, Keith E	Philadelphia
GRAUBARD, MD, Howard M	Berks
GRAUEL JR, MD, Theodore A	Lawrence
GRAVES, MD, Vaughan C	Philadelphia
GRAVES JR, MD, Beverly	Philadelphia
GRAY, MD, Cynthia A	Allegheny
GRAY, MD, David W	Union
GRAY, MD, Dennis C	Philadelphia
GRAY, MD, Frieda G	Philadelphia
GRAY, MD, Herbert M	Beaver
GRAY, MD, Jeffrey A	Allegheny
GRAY, MD, Jerry L	Cambria
GRAY, DO, John M	Northampton
GRAY, MD, Louis P	Lancaster
GRAY, MD, Robert T	Franklin
GRAY III, MD, Samuel	Allegheny
GRAY JR, MD, Frank D	Philadelphia
GRAY JR, MD, George H	Allegheny
GRBACH, VINCENT X	Allegheny
GRECO, MD, Frank D	Allegheny
GRECO, MD, Jeffrey M	Montour
GRECO, MD, Robert M	Montour
GRECO, MD, Toby A	Philadelphia
GRECO, MD, Victor F	Luzerne
GREEN, MD, Arthur H	Beaver
GREEN, MD, Barry P	Montgomery
GREEN, MD, Bradford	Bucks
GREEN, MD, Charles	Schuylkill
GREEN, MD, George R	Montgomery
GREEN, MD, Howard A	Philadelphia
GREEN, JAMES M	Allegheny
GREEN, MD, Joseph E	Cumberland
GREEN, MD, Lawrence	Delaware
GREEN, MD, Leland J	Montgomery
GREEN, MD, M Edwin	Dauphin
GREEN, MD, Mayer A	Allegheny
GREEN, MD, Michael R	Mifflin/Juniata
GREEN, MD, Richard J	Cambria
GREEN, MD, Richard L	Allegheny
GREEN, MD, Robert L	Philadelphia
GREEN, MD, Roy	Schuylkill
GREEN, MD, Russell P	Bucks
GREEN, MD, Thomas J	Cumberland
GREEN, MD, William	Philadelphia
GREEN, MD, William H	Delaware
GREEN III, MD, Joseph E	Cumberland
GREEN JR, MD, William T	Allegheny
GREENACRE, MD, Judith K	Philadelphia
GREENAWALD, MD, Henry A	Dauphin
GREENAWALT, MD, Robert G	Franklin
GREENBAUM, MD, Charles H	Philadelphia
GREENBAUM, MD, James K	Armstrong
GREENBAUM, MD, Marvin H	Montgomery
GREENBERG, MD, Andrew A	Luzerne
GREENBERG, MD, Harry H	Philadelphia
GREENBERG, MD, Jack O	Philadelphia
GREENBERG, MD, Leonard F	Philadelphia
GREENBERG, MD, Marvin S	Philadelphia
GREENBERG, MD, Michael R	Clinton
GREENBERG, MD, Richard E	Montgomery
GREENBERG, MD, Richard H	Philadelphia
GREENBERG, MD, Richard M	Philadelphia
GREENBERG, MD, Robert N	Berks
GREENBERG, MD, Sigmund R	Montgomery
GREENBERG, MD, Steven M	Jefferson
GREENBERG, MD, Wayne V	Allegheny
GREENBURG, MD, Morren J	Mercer
GREENE, MD, Donald H	Lycoming
GREENE, MD, Gary S	Delaware
GREENE, MD, Lucille T	Berks
GREENE, MD, Marguerite W	Chester
GREENE, MD, Neil A	Lancaster
GREENE, MD, Robert F	Indiana
GREENE, MD, Ronald B	Philadelphia
GREENE, MD, Thomas E	Montgomery
GREENFIELD, MD, Lawrence S	Montour
GREENFIELD, MD, Val S	Philadelphia
GREENLEE, MD, Daniel P	Greene
GREENSMITH, J ERIC	Students
GREENSPAN, MD, Herbert S	Montgomery
GREENSPAN, MD, Mitchell M	Bucks
GREENSPAN, STEPHEN S	Students
GREENSPAN, MD, Warren B	Lackawanna
GREENSPON, MD, Arnold J	Philadelphia
GREENSPON, MD, Samuel E	Montgomery
GREENSTEIN, MD, Sidney	Philadelphia
GREENWALD, MD, David W	Luzerne
GREENWALD, MD, Stanley M	Philadelphia
GREENWOOD, MD, Steven M	Montour
GREER, DIANE C	Allegheny
GREER III, MD, Robert B	Dauphin
GREGERSEN, MD, James O	Philadelphia
GREGG, MD, Frank J	Allegheny
GREGG, MD, Grace S	Allegheny
GREGG, MD, John S	Allegheny
GREGG, MD, Thomas S	Butler
GREGO, MD, J Gregory	Allegheny
GREGORY, MD, Daniel H	Allegheny
GREGORY, MD, George W	Berks
GREISSINGER, MD, Walter M	Allegheny
GRENNAN JR, M JOSEPH	Allegheny
GRENVIK, MD, Ake N	Allegheny
GRESS, MD, Francis A	Northampton
GRESS, MD, Gordon A	Cambria
GRESS, MD, William W	Cambria
GRESSLY, MD, Donald W	Beaver
GRETH, MD, Warren E	Berks
GREYBUSH, MD, Joseph N	Lehigh
GRIBB, J JEFFREY	Allegheny
GRIBB, MD, John J	Bucks
GRIBB, MD, Joseph C	Dauphin
GRIBETZ, MD, Michael D	Schuylkill
GRIBIK, MD, Michael	Allegheny
GRIECO, WILLIAM M	Students
GRIESMER, MD, Paul D	Luzerne
GRIFF, MD, Leonard C	Dauphin
GRIFF, MD, Roberta E	Dauphin
GRIFFEN, MD, Helen S	Venango
GRIFFEN, MD, R Howard	Venango
GRIFFIN, MD, Percy W	Beaver
GRIFFIN, MD, Steven P	Indiana
GRIFFITH, MD, Annette Y	Bucks
GRIFFITH, MD, Bartley P	Allegheny
GRIFFITH, MD, Charles Q	Philadelphia
GRIFFITH, MD, Glenn G	Cambria
GRIFFITH, MD, John R	Philadelphia
GRIFFITH, MD, Joseph B	Allegheny
GRIFFITHS, MD, Charles W	Bedford
GRILL, MD, Winfred E	Jefferson
GRIM, MD, Mark D	Berks
GRIMES, MD, Clarence W	Greene
GRINBERG, MD, Manuel E	Philadelphia
GRISKA, MD, Joel A	Philadelphia
GRISWOLD, MD, Arthur S	Lancaster
GRIZOS, MD, William T	Philadelphia
GROFE, MD, Jerrold G	Philadelphia
GROFF, MD, Margaret Y	Cumberland
GROH, MD, John R	Lebanon
GROLMAN, MD, Dennis M	York
GROOMES, MD, Roderick B	Armstrong
GROSH, MD, John L	Lancaster
GROSH, MD, Joseph W	Lancaster
GROSH, MD, Julieta D	Philadelphia
GROSH, MD, Paul R	Lancaster
GROSH, MD, William B	Lancaster
GROSH, MD, William K	Lancaster
GROSKY, MD, Murray B	Lebanon
GROSS, MD, Benjamin A	Philadelphia
GROSS, MD, Daniel J	Montgomery
GROSS, MD, Donald R	York
GROSS, MD, George W	Dauphin
GROSS, MD, Lawrence S	Berks
GROSS, MD, Maurice D	Montgomery
GROSS, MD, Paul	Allegheny
GROSS, MD, Paul R	Philadelphia
GROSS, MD, Peter G	Montgomery
GROSS, MD, Richard H	Chester
GROSSBERG, MD, Michael F	Franklin
GROSSI, MD, Mary M	Philadelphia
GROSSMAN, MD, Alan R	Montgomery
GROSSMAN, MD, Eric J	Philadelphia
GROSSMAN, MD, Gilbert	Philadelphia
GROSSMAN, MD, Ira C	Luzerne
GROSSMAN, MD, Joseph N	Philadelphia
GROSSMAN, MD, Larry B	York
GROSSMAN, MD, Perry	Chester
GROSSMAN, MD, Ronald M	Dauphin
GROSSMAN, MD, Sheila S	Montgomery
GROSSMAN JR, MD, Louis W	Lawrence
GROTZINGER, MD, Margaret L	Philadelphia
GROTZINGER, MD, Paul J	Philadelphia
GROVE, MD, Bruce A	York
GROVE, MD, Glenn P	York
GROVE, MD, Russell E	York
GROVE, MD, William K	York
GROVE JR, MD, Dale A	Northampton
GROVER, MD, Joseph G	Philadelphia
GROVER, MD, Sukhdev S	Allegheny
GRUBB, MD, Willard Y	Berks
GRUBBS, MD, Robert M	Allegheny
GRUBER, MD, John W	Berks
GRUMET, MD, Bernard A	Allegheny
GRUNBERG, MD, Robert W	Lehigh
GRUNT, MD, Richard F	Philadelphia
GRUSZKA, MD, Francis A	Monroe
GRUTZMACHER, MD, June E	Philadelphia
GRYCZKO, MD, Gerald A	Lackawanna
GSCHWEND III, MD, Paul	Lancaster
GU, MD, Jeng Y	Bradford
GUAGLIARDO, DO, Joseph P	Bucks
GUANZON, MD, Danilo L	Crawford
GUARINI, MD, Pasquale B	Delaware
GUCKERT, KAREN A	Allegheny
GUEHL, DO, John J	Allegheny
GUEHL JR, MD, John J	Allegheny
GUELCHER, MD, Robert T	Erie
GUENIN, MD, Daniel G	Philadelphia
GUENTER, MD, Fritz E	Mckean
GUERDAN, MD, Bruce R	Beaver
GUERRERO, MD, Juan R	Philadelphia
GUESON, MD, Emerita T	Philadelphia
GUESS, MD, Harry A	Montgomery
GUILLARD, MD, Frank	Centre
GUILLARD, MD, Paul	Lehigh
GUINTO, MD, Jose C	Allegheny
GUIRGUIS, MD, Morris F	Delaware
GUIRNALDA-CASTRO, MD, Nemesia G	Montgomery
GUISER, MD, Lynn G	Mifflin/Juniata
GUISTWITE, MD, Kenneth R	Cumberland
GULARSKI, MD, Alice S	Allegheny
GULICK, MD, Thomas H	Monroe
GULLOTTI, MD, Michael J	Philadelphia
GUMERMAN, MD, Lewis W	Allegheny
GUMINA, MD, Thomas F	Delaware
GUMNIT, MD, Robert Y	Philadelphia
GUMP, MD, Robert B	Allegheny
GUNDERSON, MD, Robert L	Luzerne
GUNDUZ, MD, Metin	Erie
GUNDUZ, MD, Paula A	Erie
GUNNET, MD, Oren W	York
GUNSTER, MD, Gerald D	Luzerne
GUNTUR, MD, Sivarama K	Allegheny
GUPTA, MD, Chitra L	Philadelphia
GUPTA, MD, Giriwarlal	Monroe
GUPTA, MD, Krishna G	Westmoreland
GUPTA, MD, Mahesh C	Bucks
GUPTA, SANTOSH	Students
GUPTA, MD, Sarv K	Warren
GUPTA, MD, Ved P	Philadelphia
GUPTA, MD, Vinodini	Warren
GUREGHIAN, MD, Patricia A	Montgomery
GURGUN, MD, Melih	Allegheny
GURKAYNAK, MD, Necmi	Philadelphia
GURSON, MD, Helen W	Allegheny
GUSHUE, DO, George F	Bucks
GUSTAINIS, MD, George J	Wayne/Pike
GUSTAITIS, MD, Joseph A	Lackawanna
GUSTAVSON, MD, Roger B	Dauphin
GUSTIN, MD, Thomas A	Erie
GUTEKUNST, MD, Paul E	Philadelphia
GUTHLEBEN, MD, John G	Erie
GUTHRIE, MD, David A	Franklin
GUTHRIE, MD, Marshall B	Montgomery
GUTHRIE, MD, Michael A	Allegheny
GUTHRIE, MD, William J	Montgomery
GUTIERREZ, MD, Emmeline P	Philadelphia
GUTIERREZ, MD, Felix	Dauphin
GUTIERREZ, MD, Lina C	Montgomery
GUTKNECHT, MD, David R	Montour
GUTKOWSKI, MD, S Leonard	Washington
GUTTERMAN, MD, Paul	Luzerne
GUTTMAN, MD, Michael	Bucks
GUTTMANN, MD, Gad G	Philadelphia
GUYER, MD, Samuel	Montgomery
GUZEK, MD, John R	Lackawanna
GUZEK, MD, Joseph T	Lackawanna
GUZMAN, MD, Jose G	Northampton
GUZZARDI, MD, Lawrence J	York
GUZZO, MD, Cynthia A	Philadelphia
GUZZO, MD, Joseph C	Lehigh
GVOZDEN, MD, Robert	Cambria
GYDA, MICHAEL A	Students
GZESH, MD, Dan J	Philadelphia

H

HAAS, MD, Charles M	Blair
HAAS, MD, Donald D	Westmoreland
HAAS, MD, J Eric	Montgomery
HAAS, MD, Janet F	Philadelphia
HAAS, DO, Myron D	Schuylkill
HAAS, MD, Naomi B	Montgomery
HAASE, MD, Gunter R	Philadelphia
HAAZ, MD, William S	Philadelphia
HABBOUSHE, MD, Fawzi P	Philadelphia
HABECKER, MD, Elizabeth T	Lebanon
HABER, MD, Arthur S	Luzerne
HABER, MD, Richard E	Allegheny
HACKETT JR, MD, James L	Elk/Cameron
HACKMAN, MD, Vicki L	Lancaster
HADDAD, MD, George R	Beaver
HADDAD, MD, Robert M	Montour
HADDEN, MD, Samuel B	Philadelphia
HADDON JR, MD, Harry H	Franklin
HADFIELD JR, MD, William A	Delaware
HADLEY, MD, Carolyn B	Philadelphia
HADLOCK, MD, Daniel C	Blair
HADRA, MD, Ellinor S	Montgomery
HADUCK, MD, Leonard A	Blair
HAEBERLE, MD, William A	Philadelphia
HAECKLER, MD, William S	Bucks
HAEGELE, MD, Linda A	Philadelphia
HAEUSSNER, MD, Charles F	Allegheny
HAFF, MD, Donald W	Lehigh
HAFT, MD, Harold	Philadelphia
HAGAN, MD, Eugene M	Allegheny
HAGAN JR, MD, Eugene P	Philadelphia
HAGERTY, MD, Fred D	York
HAGES, MD, Foster	Beaver
HAGG, MD, Sigrid A	Allegheny
HAGGERTY, MD, Robert W	Delaware
HAGGERTY, MD, Sally M	Northampton
HAGLER III, MD, Nathaniel G	Franklin
HAGSTROM, MD, Ruth M	Philadelphia
HAHN, MD, Adam W	Allegheny
HAHN, MD, Jeannine R	Montgomery
HAHN, MD, Jonathan F	Union
HAHN, MD, Kon S	Lackawanna
HAHN, MD, Richard M	Washington
HAIBACH, MD, Raymond A	Erie
HAIMOWITZ, MD, Bernard	Philadelphia
HAIMOWITZ, MD, Samuel I	Philadelphia
HAIN, MD, Howard L	Northampton
HAIRSTON JR, MD, John C	Allegheny
HAJI-DJAFARI, MD, Azizeh	Venango
HAKALA, MD, Thomas R	Allegheny
HAKAS, MD, Joseph F	Allegheny
HAKAS JR, JOSEPH F	Allegheny
HAKE, MD, Jean H	Dauphin
HAKKARINEN, MD, William D	Luzerne
HAKKI, MD, Hadi I	Philadelphia
HALBERT, MD, David R	Dauphin
HALE, MD, Edward H	Allegheny
HALE, J ERIC	Students
HALE, MD, Robert G	Montgomery
HALE, MD, Robert H	Bucks
HALE, MD, Thomas K	Schuylkill
HALE JR, MD, Raymond M	Adams
HALL, MD, Daniel A	Philadelphia
HALL, MD, Edgar M	Chester

HALL, MD, I Macdonald	Montgomery
HALL, MD, Jack R	Crawford
HALL, MD, John H	Philadelphia
HALL, MD, Robert L	Delaware
HALL, MD, Robert L	Centre
HALL, MD, Virginia E	Dauphin
HALL, MD, William A	Allegheny
HALL II, MD, Robert F	Cumberland
HALL JR, MD, John H	Washington
HALLAHAN, MD, William F	Lebanon
HALLERMEIER JR, MD, Robert G	Delaware
HALLETT, MD, Joseph W	Philadelphia
HALLMON JR, MD, William N	Allegheny
HALLOCK, MD, Geoffrey	Lehigh
HALLOCK, MD, Margaret E	Dauphin
HALLOCK, MD, Richard H	Dauphin
HALLY, ROBERT J	Students
HALPERIN, MD, Meyer A	Monroe
HALPERN, MD, Barry R	Philadelphia
HALPERN, MD, Barton L	Lancaster
HAM, MD, James W	Venango
HAM, MD, Tong H	Mercer
HAMADANI, MD, Houshang G	Lehigh
HAMANN, MD, Jose G	Philadelphia
HAMATY, MD, Ronald M	Cambria
HAMBURG, MD, Allen E	Montgomery
HAMIDI, MD, Jafar A	Mckean
HAMILTON, MD, Angie S	Philadelphia
HAMILTON, MD, Geraldine E	Delaware
HAMILTON, MD, Ralph W	Philadelphia
HAMILTON, MD, Robert M	Allegheny
HAMILTON, MD, Robert W	Allegheny
HAMILTON, MD, Robert W	Dauphin
HAMILTON, SARAH L	Allegheny
HAMILTON, MD, Wade T	Montour
HAMILTON, MD, William C	Philadelphia
HAMILTON, MD, William L	Philadelphia
HAMM, MD, Charles R	Allegheny
HAMM, MD, William G	Lycoming
HAMMAN, MD, J Shue	Dauphin
HAMME, MD, Elmer G	York
HAMMETT, MD, James H	Adams
HAMMETT, DO, James N	Adams
HAMMOND, MD, Charles P	Lancaster
HAMMOND III, MD, N Leroy	Montgomery
HAMOY, MD, Alice G	Lycoming
HAMOY, MD, George L	Lycoming
HAMPEL, MD, Avraham	Philadelphia
HAMPSEY, MD, John A	Northampton
HAMPTON, MD, Janet A	Philadelphia
HAMPTON, MD, Louis J	York
HAMSHER, MD, James R	Dauphin
HAMZAVI, MD, Siamak	Lackawanna
HAN, MD, Dalsoo	Allegheny
HAN, MD, Samuel I	Butler
HAN, MD, Sum K	Allegheny
HAN, MD, Sun Tak	Lackawanna
HAN, MD, Yoong O	Allegheny
HANAWAY, MD, Andrea S	Philadelphia
HANBY JR, MD, W Forwood E	Montgomery
HANCOCK, MD, Reginald A	Allegheny
HAND, MD, Harold R	Adams
HAND, MD, Roy H	Montgomery
HANDELSMAN, MD, Oliver	Allegheny
HANDFORD, MD, H Allen	Dauphin
HANDLER, MD, Steven D	Philadelphia
HANES, MD, Kenneth F	Westmoreland
HANES, MD, Robert B	Delaware
HANGEN, MD, Norman M	Berks
HANISEK, MD, William F	Northampton
HANJANI, MD, Parviz	Philadelphia
HANJURA, MD, Girdhari L	Berks
HANKEY, MD, John C	Allegheny
HANLEY JR, MD, Edward N	Allegheny
HANLON, MD, James T	Allegheny
HANLON, MD, Paul A	Luzerne
HANLON, THOMAS W	Allegheny
HANMER, MD, Clark B	Venango
HANNA, MD, Dwight C	Allegheny
HANNA, MD, Ezzat A	Berks
HANNA, MD, Herbert L	Indiana
HANNA, MD, Raouf E	Lackawanna
HANNA, MD, Salah G	Westmoreland
HANNAN, MD, Deborah J	Philadelphia
HANNEKEN, MD, Jane R	Crawford
HANNUM, MD, Christopher F	Philadelphia
HANRAHAN, MD, James B	Allegheny
HANSEN, MD, Carl A	Bucks
HANSEN, MD, Katrine	Philadelphia
HANSON, MD, Elbert L	Erie
HANSON, MD, Teresa S	Chester
HANSPAL, MD, Navjot S	Chester
HANZEL, MD, George D	Cambria
HAPPEL, MD, John L	Allegheny
HAPPEL JR, MD, John L	Allegheny
HARADA, MD, William A	Northampton
HARADIN, MD, Anthony R	Allegheny
HARASYM, MD, E Lawrence	Columbia
HARASYM, MD, Eugene D	Lackawanna
HARBACH, MD, Harrison F	Adams
HARBERGER, MD, James H	York
HARBISON, SEAN P	Students
HARDEE, MD, Kay Cuthbert	Montgomery
HARDESTY, MD, Robert L	Allegheny
HARDING, MD, Robert L	Dauphin
HARDY, MD, Charles A	Bucks
HARDY, MD, Heidrun D	Erie
HARDY-FLUELLEN, MD, Judith M	Philadelphia
HARE, MD, Jeffrey D	Northampton
HARETOS, MD, John T	Allegheny
HARGLEROAD II, MD, John A	Centre
HARGRAVE, MD, Hugh J	Lancaster
HARGRAVE, MD, Mary E	Delaware
HARGROVE III, MD, Walter C	Philadelphia
HARIKA, MD, Jopindar P	Allegheny
HARINSTEIN, MD, David A	Allegheny
HARKER EXEC, SEC, Mrs Marjorie E	Blair
HARKINS, MD, Francis A	Chester
HARKINS, MD, Herbert P	Philadelphia
HARLAN, MD, William K	Northampton
HARLEY, MD, Barbara M	Cambria
HARLEY, MD, John B	Cambria
HARLEY, MD, Robison D	Philadelphia
HARLIN, MD, Joyce A	Bucks
HARM JR, MD, Kenneth R	Dauphin
HARMANCI, MD, M Cem	Mifflin/Juniata
HARMON, MD, Eli B	Montgomery
HARMON, MD, Sandra R	Montgomery
HARMON, THOMAS V	Allegheny
HARNISH, MD, David M	Lancaster
HARNUM, LISA	Students
HAROSTOCK, MD, Michael D	Montour
HARP, MD, James R	Philadelphia
HARPER, MD, Glenn R	Philadelphia
HARPER, MD, James G	Northampton
HARPER, MD, John B	Montgomery
HARPS, MD, James A	Monroe
HARRER, MD, Daniel C	Delaware
HARRER JR, MD, William J	Mercer
HARRIGER, MD, Clyde E	Cambria
HARRIGER, MD, Miles D	Lancaster
HARRING, MD, Maynard	Schuylkill
HARRINGTON, MD, Thomas M	Montour
HARRIS, MD, Barry C	Allegheny
HARRIS, MD, Brian W	Dauphin
HARRIS, MD, David T	Philadelphia
HARRIS, MD, Floyd L	York
HARRIS, MD, Harold J	Luzerne
HARRIS, MD, Howard Y	Luzerne
HARRIS, MD, James S	Philadelphia
HARRIS, MD, Joseph L	Philadelphia
HARRIS, MD, Katherine K	Philadelphia
HARRIS, MD, Lawrence K	Berks
HARRIS, MD, Max	Delaware
HARRIS, MD, Richard N	Allegheny
HARRIS, MD, Ronald D	Montour
HARRIS, MD, Ronald I	Luzerne
HARRIS, MD, Ronald T	Allegheny
HARRIS, MD, Stanley R	Lehigh
HARRISON, MD, Anthony M	Allegheny
HARRISON, MD, Bernard M	Bucks
HARRISON, MD, C Scott	Dauphin
HARRISON, MD, Cynthia	Lancaster
HARRISON, MD, Frank D	Westmoreland
HARRISON, MD, James L	Lycoming
HARRISON JR, MD, Joseph	Montgomery
HARROP, MD, Donald E	Chester
HARRY, MD, Harriet M	Centre
HARSHAW JR, MD, Edward	Delaware
HARSHMAN, MD, Mark W	Chester
HART, MD, Alex D	Northampton
HART, MD, George R	Lawrence
HART, MD, James C	Dauphin
HART, MD, Neil J	Allegheny
HART, MD, Philip L	Fayette
HART, DO, William J	Delaware
HARTENBAUM, MD, David	Montgomery
HARTFORD, MD, Charles E	Delaware
HARTLE, MD, John E	Bedford
HARTMAN, MD, Charles E	York
HARTMAN, MD, Craig W	Blair
HARTMAN, MD, H King	Westmoreland
HARTMAN, MD, Michael J	Venango
HARTMAN, MD, Owen W	Franklin
HARTMAN, MD, Roderic J	Allegheny
HARTMAN, MD, William F	Lancaster
HARTMAN II, MD, Samuel A	Lebanon
HARTMANN, MD, David B	Allegheny
HARTNER, MD, W Bruce	Allegheny
HARTSOCK, MD, Robert J	Allegheny
HARTZ, MD, Leo M	Lycoming
HARTZ, MD, William H	Montgomery
HARTZELL, MD, David L	Cumberland
HARTZELL JR, MD, George W	Lehigh
HARVEY, MD, Alexis	Philadelphia
HARVEY, MD, Edith E	Philadelphia
HARVEY, MD, Harold A	Dauphin
HARVEY, MD, James S	Centre
HARVEY, MD, Kenneth L	Lehigh
HARVEY, MD, William D	Clearfield
HARVEY, MD, William J	Allegheny
HARVEY JR, MD, Benson	Lebanon
HARWICK, MD, John D	Lehigh
HARWICK, MD, Robert D	Philadelphia
HASABNIS, MD, Suhas P	Blair
HASBACH, MD, Thomas J	Allegheny
HASBUN, MD, Franklyn A	Philadelphia
HASELHUHN, MD, Donald H	Dauphin
HASER, MD, Heywood A	Allegheny
HASHMI, MD, Majid A	Allegheny
HASIUK, MD, Aaron S	Bucks
HASKIN, MD, Marvin E	Philadelphia
HASKIN, MD, Myra R	Montgomery
HASLEY, MD, Peggy B	Allegheny
HASSAN, MD, Joseph R	Berks
HASSEL, MD, Jeffrey L	Berks
HASSEL, MD, Mark H	Luzerne
HASSEL, MD, Patricia A	Berks
HASSEL JR, MD, Carl W	Lancaster
HASSELBACHER, MD, Frank X	Dauphin
HASSEN, MD, Irfan W	Blair
HASSOURI, MD, Hassan	Allegheny
HASTINGS JR, MD, Leo J	Lehigh
HASZ, MD, Richard D	Dauphin
HATCHER, MD, Kim A	Indiana
HATCHER, MD, Ronald A	Dauphin
HATFIELD, MD, Charles R	Dauphin
HATLEY, MD, Walter F	Philadelphia
HATTI, MD, Shivkumar S	Delaware
HATTON, MD, Duncan S	Delaware
HATTOUM, MD, Pittagore	Westmoreland
HAUBER, MD, Louis K	Armstrong
HAUCH, MD, James F	Warren
HAUER, MD, Marlin L	Lebanon
HAUGER, MD, Harold N	Westmoreland
HAUGER, MD, William D	Cambria
HAUK, MD, William L	Allegheny
HAUPT, MD, George J	Philadelphia
HAUS, MD, William	Allegheny
HAUSER, MD, John R	Washington
HAUSER, MD, Norman	Montgomery
HAUSER, MD, Raymond J	Berks
HAUT, MD, Michael J	Philadelphia
HAVENS JR, MD, Walter P	Philadelphia
HAVER, MD, Paul M	Beaver
HAVKO, FREDERICK C	Allegheny
HAWK, MD, Brainard O	Allegheny
HAWK, MD, David L	York
HAWKINS, MD, James G	Allegheny
HAWKINS, MD, Roger A	Mercer
HAWKINS, MD, Walter D	Dauphin
HAWLEY, MD, Richard C	Schuylkill
HAWN, MD, Margaret M	Dauphin
HAWRYLUK, JOSEPH M	Allegheny
HAY, MD, Harold S	Somerset
HAYASHI, MD, T Terry	Allegheny
HAYAT, MD, Shaukat	Westmoreland
HAYES, MD, Brian L	Philadelphia
HAYES, MD, James D	Allegheny
HAYES, MD, Merrill B	Delaware
HAYES, MD, Warren H	Lycoming
HAYESLIP, MD, David W	Allegheny
HAYLLAR, MD, Benjamin L	Philadelphia
HAYMAN, MD, Harris R	Chester
HAYMAN, MD, Harry B	Bucks
HAYNICZ, MD, Peter	Monroe
HAYS, MD, E Blaine	Cumberland
HAYTHORNTHWAITE, MD, B Mary	Montgomery
HAYWARD, MD, Richard B	Montgomery
HAZLETT, MD, Jane	Luzerne
HAZLETT, MD, William H	Luzerne
HAZLETT JR, MD, Walter S	Westmoreland
HAZZOURI, MD, Michele A	Lackawanna
HEADLEY, MD, Chauncey R	Washington
HEAPS, MD, Kenneth P	York
HEARTER JR, MD, William R	Lycoming
HEASLEY, MD, Kenneth H	Venango
HEATH, MD, Erle M	Allegheny
HEATH, MD, Robert D	Montour
HEATON, MD, Vincent W	Blair
HEAZLETT, MD, William A	Allegheny
HEBERLING, MD, Thomas P	Lebanon
HECHT, MD, Warren B	Montgomery
HECK, MD, Christopher C	Westmoreland
HECK, MD, Harry J	Allegheny
HECK III, MD, Harry J	Allegheny
HECKLER, MD, Frederick R	Allegheny
HECKLIN, MD, Oscar B	Philadelphia
HEDGES JR, MD, Thomas R	Philadelphia
HEDRICK, MD, G Winfield	Bucks
HEDRICK, MD, Thomas A	Cambria
HEERE, MD, Barbara A	Lycoming
HEFFERN, MD, James E	Lancaster
HEFFERNAN, MD, Andrew H	Lehigh
HEFFERNAN, MD, John M	Berks
HEFFLEY, MD, William M	Dauphin
HEFFLIN, MD, Charles M	Allegheny
HEFLIN, MD, Daniel W	York
HEGARTY, MD, Francis A	Allegheny
HEGARTY, JAMES D	Students
HEID, MD, Charles E	Montour
HEIDARY, MD, Ghodratallah	Montgomery
HEIDENREICH, MD, Fred P	Allegheny
HEIDENREICH, MD, H Vincent	Allegheny
HEILIGMAN, MD, Nathan H	Lehigh
HEILMAN, MD, Howard C	Armstrong
HEILMAN, MD, J Daniel	Allegheny
HEIM, MD, William J	Lackawanna
HEIMAN, MD, Donald F	Philadelphia
HEIMBACH, MD, George Z	Northampton
HEIMBACH, MD, James A	Blair
HEINBACH, MD, Robert A	Northumberland
HEINBACH, MD, Wilfred F	Berks
HEINBACH JR, MD, Robert A	Lycoming
HEINE, MD, Eric A	Philadelphia
HEINE, MD, William I	Philadelphia
HEINLE JR, MD, Edward W	Beaver
HEINLE JR, MD, Frederick J	Lancaster
HEINRICH, DORI	Students
HEIRD, MD, Steven B	York
HEISEY, MD, John C	Berks
HEISEY, MD, Robert G	Lebanon
HEISTAND, MD, Landis C	Schuylkill
HEISTER, MD, Joseph B	Westmoreland
HEISTERKAMP III, MD, Charles A	Lancaster
HELFER, MD, Elizabeth L	Philadelphia
HELFFRICH, MD, Richard S	Blair
HELFRICK, MD, Marlin W	Mifflin/Juniata
HELLER, MD, Alvin G	Philadelphia
HELLER, MD, Fredericka S M	Berks
HELLER, MD, Melvin S	Philadelphia
HELLERMAN, MD, Pamela E	Montour
HELM, MD, Robert C	Lancaster
HELM JR, MD, John D	Lancaster
HELMBOLD, MD, Theodore R	Allegheny
HELMICK, MD, Nathaniel D	Monroe
HELMICK, MD, Wayne W	Beaver
HELRICH, MD, Martin	Philadelphia
HELSING, MD, Walter J	Beaver
HELWIG JR, MD, John	Philadelphia
HELY, MD, Daniel P	Cumberland
HELZNER, MD, Eileen C	Bucks
HEMLER, MD, Paul M	Dauphin
HEMMERLY, MD, William C	Northampton
HEMPHILL, MD, Richard W	Allegheny
HENDERSON, MD, Ellsworth W	Erie
HENDERSON, MD, Janet L	Philadelphia
HENDERSON, MD, K Wayne	Lycoming
HENDERSON, MD, Peter B	Allegheny
HENDERSON, MD, Robert E	Lawrence
HENDERSON, MD, Theodore A	Montgomery
HENDERSON, MD, William H	Delaware
HENDLER, MD, Barry H	Philadelphia
HENDLER, MD, Howard M	York
HENDRICKS, MD, Robert T	Crawford
HENDRICKS JR, MD, Gilbert L	Centre
HENDRICKS JR, MD, William C	Erie
HENDRICKSON, MD, Donald C	Franklin
HENDRICKSON, MD, Frank O	Delaware
HENDRY, MD, Stanley G	Allegheny
HENDRZAK, MD, Valerie H	Philadelphia
HENNESSEY, MD, David H	Allegheny
HENNESSEY, MD, Joseph F	Montgomery
HENNESSY, DO, Michael P	Philadelphia
HENNIGAN, MD, John J	Lackawanna
HENNING III, MD, George F	Susquehanna
HENNINGER, MD, William H	Berks
HENNON, MD, Don L	Allegheny
HENRIQUES, MD, Errol D	Cambria
HENRIQUEZ, MD, Jack A	Lehigh
HENRY, MD, Leland T	Armstrong
HENRY, MD, Stephen J	Delaware
HENRY, MD, Walter J	Mckean
HENRY JR, MD, Edgar S	Allegheny
HENSLEY, MD, Frederick A	Dauphin
HENTOSH, MD, John P	Lehigh
HEPLER, MD, Kevin M	Chester
HEPPNER, MD, Richard L	Allegheny
HERALD, MD, Geoffrey R	Beaver
HERB, MD, Robert W	Allegheny
HERBERT, DO, Rex A	Dauphin
HERBERT, MD, Vicki L	Allegheny
HERBISON, MD, Gerald J	Philadelphia
HERBST, MD, Bernadette A	Philadelphia
HERBST, MD, Charles G	Erie
HERCEG, MD, Stephen J	Dauphin
HERGESHEIMER, MD, Lester H	Philadelphia
HERLING, MD, Patti J	Philadelphia
HERMAN, MD, Carl D	Philadelphia
HERMAN, MD, Dennis	Philadelphia
HERMAN, GREGORY E	Students
HERMAN, MD, Harold	Philadelphia
HERMAN, MD, Jay B	Allegheny
HERMAN, MD, Jerry H	Philadelphia
HERMAN, MD, Julius	Allegheny
HERMAN, MD, Marianne	Philadelphia
HERMAN, MD, Richard D	Northampton
HERMAN, MD, Roman K	Northampton
HERMAN, MD, Ronald J	York
HERMAN, RUTH F	Students
HERMAN, MD, Walter M	Philadelphia
HERMANN, MD, Christopher P	Bucks
HERMANN, MD, George A	Philadelphia
HERMANOVICH JR, MD, John	Berks
HERMANSEN, MD, Bruce A	Allegheny
HERNANDEZ, MD, Pedro A	Allegheny
HERNANDEZ, MD, Wilbert E	Luzerne
HEROLD, MD, Sanford L	Philadelphia
HEROLD JR, MD, Creston C	Dauphin
HEROMIN, MD, Thomas J	Montour
HERRERA, MD, Anibal F	Delaware
HERRING, MD, Allen B	Philadelphia
HERRING, MD, Christina S	Philadelphia
HERRING, MD, Lynn B	Bucks
HERRING, MD, Steven J	Montgomery
HERRING, MD, William	Philadelphia
HERRMANN, MD, William J	Luzerne
HERROLD, MD, Lewis C	York
HERROLD, MD, Warren C	York
HERRON, MD, Eugene W	Westmoreland
HERSCHAFT, MD, Richard J	Lancaster
HERSCHMANN, MD, Katharine	Philadelphia
HERSHENSON, MD, Lee M	Allegheny
HERSHEY, MD, Richard E	Allegheny
HERSHFIELD, MD, David H	Lackawanna
HERSHMAN, MD, Antoinette W	Fayette
HERSHOCK, MD, Bruce A	Westmoreland
HERSPERGER, MD, Webb S	Cumberland
HERTZ, MD, Barry C	Chester
HERTZ, MD, Charles S	Lehigh
HERTZ, MD, Jonathan	Lehigh
HERTZLER JR, MD, John V	Cumberland
HERTZOG, MD, Francis J	Allegheny
HERTZOG, MD, James E	Allegheny
HERZEL JR, MD, Frank B	Dauphin

HERZOG, MD, Robert S	Philadelphia
HESBACHER, MD, Edwin N	Montour
HESKEL, MD, Milton M	Philadelphia
HESS, MD, Edward R	Tioga
HESS, MD, Floyd M	Northampton
HESS, MD, Ivan W	Montgomery
HESS, MD, Joseph B	Lancaster
HESS JR, MD, Grant E	Washington
HETHERINGTON, MD, Arthur F	Allegheny
HETRICK, MD, William D	Allegheny
HETZLER, MD, Norman A	Beaver
HEUERMANN, MD, Robert P	Schuylkill
HEWIE, MD, S P	Indiana
HEWLETT, MD, Guy S	Philadelphia
HEWLETT, MD, John O	Dauphin
HEWSON, MD, William C	Chester
HEY JR, MD, E Berry	Berks
HEYDT, MD, Stuart	Luzerne
HEYDT JR, MD, Ernest H	Montgomery
HEYL, MD, W Meredith	Philadelphia
HEYL JR, MD, Frank E	Allegheny
HEYMACH III, MD, George J	Allegheny
HEYMAN, MD, David Coleman	Lycoming
HEYWOOD, MD, Susan E	Centre
HIBBARD, MD, Alanson O	Crawford
HIBBS, MD, John B	Fayette
HICKEY, MD, Andrew E	York
HICKEY JR, MD, Daniel	Montgomery
HIDALGO, MD, Horacio A	Bucks
HIEHLE, MD, John F	Berks
HIEMENZ, MD, Donald W	Monroe
HIGGINS, MD, David E	Luzerne
HIGH, MD, Bertrand J	Berks
HIGHBLOOM, MD, Richard Y	Philadelphia
HIGMAN, MD, Henry B	Allegheny
HIJAZI, MD, Saadeddine A	Lackawanna
HILBERG, MD, Robert W	Allegheny
HILE, MD, H Eugene	Allegheny
HILEMAN, MD, James D	Erie
HILES, MD, David A	Allegheny
HILGER, JEFFREY S	Allegheny
HILL, MD, Daniel E	Lycoming
HILL, MD, E Merton	Lehigh
HILL, MD, Edward	Cambria
HILL, MD, John B	Allegheny
HILL, MD, Robert J	Blair
HILL, MD, Walter C	York
HILL, MD, William R	Jefferson
HILL JR, MD, Robert G	Northampton
HILLEMEIR, MD, Herbert	Blair
HILLER JR, MD, Walter W	Allegheny
HILLIARD, PATRICIA C	Students
HILLIKER, MD, Jan K	Montour
HILLYER, MD, Peter N	Chester
HILTON, MD, Alexander E	Allegheny
HIMELFARB, MD, Hillard M	Franklin
HIMES JR, MD, Ralph F	Blair
HIMMELSTEIN, MD, Eugene	Delaware
HIMMELSTEIN, MD, Fred R	Berks
HIMOT, MD, Linda J	Allegheny
HINCHBERGER, MD, Paul A	Butler
HINCHLIFFE, MD, Joseph G	Allegheny
HINDMAN, CYNTHIA K	Students
HINEMAN, MD, Marquis W	Beaver
HINES, MD, Joseph H	Erie
HINES, MD, Roderick E	Lancaster
HINKENS, MD, George F	Allegheny
HINKLE, MD, Bruce J	Dauphin
HINRICHS, MD, Thomas F	Berks
HINSMAN JR, MD, John A	Bradford
HINTERKOPF, MD, John P	Franklin
HINTON, MD, Drury	Delaware
HIPOLITO, MD, Aurora T	Clearfield
HIPOLITO, MD, Ernesto A	Clearfield
HIPOLITO JR, MD, Emmanuel F	Lackawanna
HIPP, MD, Thomas J	Bucks
HIPPERT, DO, Robert K	Berks
HIPPLE, MD, Randall F	Lycoming
HIPPS, MD, John G	Clarion
HIRSCH, MD, Barry E	Allegheny
HIRSCH, MD, Bernard	Beaver
HIRSCH, MD, Glenn M	Lebanon
HIRSCH, MD, Jack H	Erie
HIRSCH, MD, Stanley A	Allegheny
HIRSCH, MD, Stuart D	Allegheny
HIRSCH, MD, Stuart E	Bucks
HIRSCH, MD, William P	Cambria
HIRSCH JR, MD, William L	Allegheny
HIRSH, MD, Bernard C	Philadelphia
HIRSH, MD, Leonard F	Delaware
HIRSH, MD, Paul D	Berks
HIRSH, MD, Robert A	Philadelphia
HIRSH, MD, S Jay	Delaware
HIRSH, MD, Steven L	Philadelphia
HISRICH, MD, Glenn D	Washington
HITCHCOCK, MD, John	Allegheny
HITCHNER, MD, Lewis C	Delaware
HLAVAC, MD, Cheryl A	Luzerne
HNELESKI JR, MD, Ignatius S	Chester
HO, MD, Monto	Allegheny
HO, MD, Raymond C	Erie
HO, MD, Szekey	Erie
HO, MD, Yee C	Allegheny
HOBART, MD, John H	Northampton
HOBBS, MD, Joseph H	Schuylkill
HOBBS, MD, Robert E	Schuylkill
HOBBS, MD, Thomas R	Dauphin
HOBERMAN, MD, Edward	Clinton
HOBERMAN, MD, Maury	Chester
HOCH, MD, Bradley R	Adams
HOCH, MD, Carl W	Allegheny
HOCH, MD, John J	Northampton
HOCH, MARK L	Allegheny
HOCHBERG, MD, Robert D	Philadelphia
HOCHMAN, MD, Rodney F	Bradford
HOCHREITER, DO, George C	Lancaster
HODES, MD, Philip J	Philadelphia
HODGE, MD, Arthur J	Dauphin
HODGE, MD, Ian G	Lancaster
HODGENS, MD, Helen L	Philadelphia
HODGES, MD, Allen R	Allegheny
HODGES, MD, John H	Philadelphia
HODGSON, MD, John P	Allegheny
HOEGER, WILLIAM J	Allegheny
HOENSTINE, MD, Arthur C	Lawrence
HOERNER, MD, George H	York
HOERNER, MD, Oscar G	Cumberland
HOERNER, MD, Ralph W	Philadelphia
HOFFER, MD, Richard S	Montour
HOFFMAN, MD, Arthur D	Lehigh
HOFFMAN, MD, Bruce I	Philadelphia
HOFFMAN, MD, Carl J	Montgomery
HOFFMAN, MD, Chauncey	Cambria
HOFFMAN, DANIEL M	Allegheny
HOFFMAN, MD, David A	Berks
HOFFMAN, MD, David J	York
HOFFMAN, MD, Franklin D	Allegheny
HOFFMAN, MD, Gilbert M	Northampton
HOFFMAN, MD, Glenn H	Lebanon
HOFFMAN, MD, Howard L	Franklin
HOFFMAN, MD, J David	Philadelphia
HOFFMAN, MD, J Lynn	Cumberland
HOFFMAN, MD, James P	Montgomery
HOFFMAN, MD, John E	Northampton
HOFFMAN, DO, Marc E	Allegheny
HOFFMAN, MD, Neil A	Berks
HOFFMAN, MD, Richard R	Lebanon
HOFFMAN, MD, Richard R	York
HOFFMAN, MD, Salee L	Blair
HOFFMAN, MD, William J	Westmoreland
HOFFMAN, MD, William W	Lehigh
HOFFMAN JR, MD, George L	Philadelphia
HOFFMAN JR, MD, Nicholas F	Philadelphia
HOFFMANN, MD, Ursula M	Lehigh
HOFFMASTER, MD, Alfred L	Lawrence
HOFFMEIER, MD, Charles L	Philadelphia
HOFKOSH, MD, Dena	Allegheny
HOFMAN, MD, Walter I	Montgomery
HOFMANN, MD, James W	York
HOFMANN, JO L	Students
HOFSTETTER, MD, Alexander M	Allegheny
HOFSTETTER, MD, Mark	Allegheny
HOFSTROM, MD, Glen T	Lycoming
HOGG, MD, Susan M	Lancaster
HOHING, MD, Charles C	Allegheny
HOHMANN, MD, Thomas C	Allegheny
HOKE JR, MD, Hugh H	Lancaster
HOLCOMBE JR, MD, Guy T	Chester
HOLDER, MD, Arthur J	Lancaster
HOLENCIK, DO, Mark P	Dauphin
HOLETS, MD, John A	Washington
HOLFELNER, MD, Edward D	Philadelphia
HOLGADO, MD, Edgardo B	Philadelphia
HOLGADO, MD, Priscila C	Delaware
HOLL, MD, Paul F	Allegheny
HOLLA, MD, P Shripathi	Lackawanna
HOLLAND, MD, Baxter C	Philadelphia
HOLLAND, MD, Clarence A	Lehigh
HOLLAND, MD, Edward F	York
HOLLAND, MD, Mark P	Schuylkill
HOLLAND, MD, Philip B	Allegheny
HOLLAND, MD, Sanford J	Lackawanna
HOLLAND JR, MD, Clarence A	Lehigh
HOLLAND JR, MD, William T	Crawford
HOLLANDER, MD, Bentley A	Philadelphia
HOLLANDER, MD, George	Philadelphia
HOLLANDER, MD, Irwin J	Bucks
HOLLANDER, MD, Joseph L	Philadelphia
HOLLEN, MD, Robert A	Cumberland
HOLLERAN, MD, Bernard L	Luzerne
HOLLERMAN, MD, Charles E	Allegheny
HOLLIMAN, MD, Cecil J	Berks
HOLM, MD, Eric K	Berks
HOLM, MD, William W	Montgomery
HOLMAN, MD, Ingrid A	Allegheny
HOLMBERG, MD, Donald E	Montgomery
HOLMES, MD, C Jeffrey	Allegheny
HOLMES, MD, John J	Lackawanna
HOLMES, LYNETTE	Allegheny
HOLMES, MD, Robert B	Venango
HOLMES, MD, William F	Montgomery
HOLMS, DO, Barry C	Delaware
HOLROYDE, MD, Christopher P	Philadelphia
HOLSINGER, DAVID F	Allegheny
HOLST, MD, Hazel I	Delaware
HOLST, MD, Robert A	Westmoreland
HOLSTEIN, MD, James J	Delaware
HOLT, MD, Allen H	Mercer
HOLTON, MD, James J	Philadelphia
HOLZINGER, MD, Elmer J	Allegheny
HOMILY, MD, Blessing B	Susquehanna
HONG, MD, Keumsoon	Philadelphia
HONG, MD, Soo W	Lycoming
HONG, MD, Sung H	Beaver
HONG, MD, Sunwha	Philadelphia
HONGBARCO, MD, Pablo	Allegheny
HONIGMAN, MD, Frederic H	Philadelphia
HOOBLER, MD, James L	Chester
HOOD, MD, Henry L	Montour
HOOKER, MARYANN D	Students
HOON, MD, William L	Allegheny
HOOTMAN, MD, Barry D	Butler
HOOTMAN, MD, J Kenneth	Allegheny
HOOVER, MD, Alan D	Allegheny
HOOVER, MD, Carl H	Lancaster
HOOVER, MD, Dean S	York
HOOVER, MD, Philip A	York
HOOVER, MD, Walter W	Allegheny
HOOVER II, MD, Benjamin A	York
HOOVLER, MD, Philip W	Blair
HOPKINS, MD, F Thomas	Montgomery
HOPKINS, MD, John E	Montgomery
HOPKINS, MD, Robert G	Lancaster
HOPKINSON III, MD, John H	Montgomery
HOPPER, MD, Bruce D	Montgomery
HORAN, MD, Charles A	Philadelphia
HORAN, MD, Gerald W	Philadelphia
HORCHOS, MD, Donald D	Lackawanna
HORMAN, MD, Marc J	Montgomery
HORMOZDI, MD, Fraydoon	Beaver
HORN, MD, Lawrence J	Philadelphia
HORN, MD, Richard H	Allegheny
HORN, MD, William A	Montgomery
HORN III, MD, Frank W	York
HORNE, MD, Lloyd M	Allegheny
HORNER, MD, George J	Philadelphia
HORNER JR, MD, Daniel W	Montgomery
HORNER JR, MD, Frank S	Allegheny
HORNIG-ROHAN, JAMES E	Students
HORNIG-ROHAN, MADY	Students
HOROWITZ, MD, Elisabeth W S	Philadelphia
HOROWITZ, DO, Gary R	Philadelphia
HOROWITZ, JOEL	Allegheny
HOROWITZ, MD, Leonard N	Philadelphia
HORROW, MD, Jan C	Philadelphia
HORSLEY, MD, James I	Allegheny
HORST, MD, Elmer L	Berks
HORVAT, MD, John F	Lehigh
HORVATH, MD, David A	Allegheny
HORVATH, MD, Ronald J	Montgomery
HORWIN, MD, Samuel	Cambria
HORWITZ, MD, Milton R	Bucks
HORWITZ, MD, Orville	Philadelphia
HOSFELD, MD, S Marjorie	Chester
HOSHAUER, MD, Cathy J	Berks
HOSPODAR, MARK E	Allegheny
HOSSAIN, MD, Ayesha	Westmoreland
HOST, MD, William R	Wyoming
HOSTEN, MD, Edward B	Philadelphia
HOSTETTER, MD, Abram M	Lebanon
HOTMER, DIANNE A	Students
HOTTENSTEIN, MD, Daniel W	Dauphin
HOTTENSTEIN, MD, Esther	Dauphin
HOTTENSTEIN, MD, Jonathan E	Allegheny
HOU, MD, Ching W	Erie
HOUCK JR, MD, John R	Dauphin
HOUGAARD, MD, John P	Bucks
HOUGH, MD, Rodney K	Cumberland
HOUIDES, MD, Athanasios C	Lehigh
HOUK, MD, Russell R	Luzerne
HOULE, MD, Laurent B	Philadelphia
HOUSE, MD, Benjamin	Philadelphia
HOUSEL, MD, Edmund L	Philadelphia
HOUSER, MD, Benjamin P	Carbon
HOUSER, MD, James J	Venango
HOUSHMAND, MD, Cyrus	Carbon
HOUSMAN, MD, John H	Lancaster
HOUSTON, MD, James L	Westmoreland
HOUSTON, MD, John B	Montour
HOUSTON, MD, R Ross	Lawrence
HOUSTON JR, MD, Robert R	Lawrence
HOWANITZ, MD, Emil P	Luzerne
HOWARD, MD, Lawrence J	Lackawanna
HOWARD, MD, Thomas K	York
HOWE, MD, Francis R C	Dauphin
HOWE, MD, J Dale	Northampton
HOWELL, MD, John T	Bucks
HOWELL, THOMAS M	Students
HOWER, MD, Robert D	Allegheny
HOYER, MD, Paul J	Philadelphia
HOYLE, MD, J Preston	Union
HOYSON, MD, Gregory M	Allegheny
HOYT, MD, Ralph C	Berks
HRABOVSKY, SHARON L	Allegheny
HRINDA, MD, John G	Erie
HRYSHKO, MD, Frank G	Allegheny
HSIEH, MD, Yehchiu	Delaware
HSU, MD, Shien S	Washington
HU, MD, Kang-Ning	Allegheny
HU, MD, Wei-Tzer	Schuylkill
HUANG, MD, Chau Fe	Lackawanna
HUANG, JULIAN C	Allegheny
HUANG, MD, Jung T	Luzerne
HUBBARD, MD, Charles C	Fayette
HUBBARD, MD, John P	Philadelphia
HUBER, MD, Donald J	Allegheny
HUBER, MD, William B	Allegheny
HUDAK, MD, Mary J	Delaware
HUDDLESTON, MD, Christie A	Philadelphia
HUDOCK JR, MD, George E	Luzerne
HUDSON, MD, Clifford C	York
HUDSON, MD, Howard L	Erie
HUDSON JR, MD, Howard E	Lehigh
HUDZINSKI, MD, Lori D	Beaver
HUDZINSKI, MD, Martin	Franklin
HUEN, MD, Lai-Har L	Philadelphia
HUFFER, MD, Donald H	York
HUFFNAGLE, MD, Henry W	Lancaster
HUGHES, MD, Boland	Philadelphia
HUGHES, MD, David C	Indiana
HUGHES, MD, David P	Lancaster
HUGHES, MD, Eugene P	Philadelphia
HUGHES, MD, George V	Allegheny
HUGHES, MD, Howard G	Montour
HUGHES, MD, Joseph P	Washington
HUGHES, MD, Patrick H	Allegheny
HUGHES, MD, Paul J	Luzerne
HUGHES, MD, William M	Westmoreland
HUGHES JR, MD, Eugene P	Philadelphia
HUGHEY, MD, James R	Washington
HUGO, MARYANNE	Allegheny
HULBERT, DAVID S	Students
HULL, MD, Ben L	Blair
HULLEY JR, MD, William C	Allegheny
HULNICK, MD, Stuart J	Philadelphia
HUME, MD, Eric L	Philadelphia
HUME, MD, John M	Dauphin
HUMES, MD, Alexander B	Allegheny
HUMES, ELLEN M	Students
HUMMER JR, MD, Charles D	Delaware
HUMPHREYS, MD, Earl A	Allegheny
HUNDLEY, MD, J Warren	Philadelphia
HUNSBERGER, MD, Charles L	Cambria
HUNSBERGER, MD, Joseph L	Montgomery
HUNSICKER, MD, Llewellyn W	Monroe
HUNSICKER, MD, Robert C	Northampton
HUNT, MD, Eugene H	Bucks
HUNT, MD, Jeffrey I	Philadelphia
HUNT, MD, Josiah A	York
HUNT, MD, Robert E	Butler
HUNT, MD, William D L	Lancaster
HUNT, MD, William R	Allegheny
HUNT JR, MD, William T	Philadelphia
HUNTER, MD, Carol A	Lehigh
HUNTER, MD, Doris M	Allegheny
HUNTER, MD, George R	Westmoreland
HUNTER, MD, James M	Philadelphia
HUNTER, MD, John S	Berks
HUNTER, MD, Marvin T	Bucks
HUNTER, MD, Robert G	Columbia
HUNTER, MD, Robert J	Centre
HUNTLEY, MD, Arthur C	Montgomery
HUOT, MD, David A	Allegheny
HUPPERT, MD, Leonore C	Philadelphia
HUR, MD, Gham	Chester
HUREWITZ, MD, Sylvan J	Philadelphia
HURITE, MD, Francis G	Allegheny
HURLEY, MD, Harry J	Delaware
HURLEY, MD, John N	Philadelphia
HURST, MD, John W	Blair
HURST, MD, Kenneth L	Lycoming
HURWITZ, MD, Abraham	Philadelphia
HURWITZ, DO, Charles	Philadelphia
HURWITZ, MD, Dennis J	Allegheny
HURWITZ, MD, Larry E	Allegheny
HUSAIN, MD, Zahid	Luzerne
HUSAINI, MD, Syed N	Allegheny
HUSSAINI, MD, Syed R	Allegheny
HUST, MD, Frederick S	Butler
HUSTON, MD, Charles C	Clarion
HUSTON III, MD, Charles C	Venango
HUTCHINGS, MD, Diana M	Bucks
HUTCHINSON, MD, Thomas A	Lehigh
HUTCHINSON, WILLIAM S	Allegheny
HUTCHINSON 3D, DO, Harry J	Chester
HUTCHISON, MD, James C	Montgomery
HUTCHISON, MD, William A	Lancaster
HUTH, MD, Edward J	Philadelphia
HUTT, MD, Gordon H	Philadelphia
HUTTON, MD, John E	York
HUWE JR, JOSEPH E	Allegheny
HUXSTER, MD, Robert H	Chester
HWAN, MD, Jung J	Lackawanna
HYATT, MD, Floyd R	Erie
HYATT, MD, Glenn A	Montgomery
HYATT, MD, Robert W	Philadelphia
HYDE, MD, Bruce I	Allegheny
HYDE-ROWAN, MD, M Deborah	Bradford
HYDOVITZ, MD, Jerrold D	Allegheny
HYETT, MD, Marvin R	Philadelphia
HYKES, MD, James I	Montgomery
HYLBERT JR, MD, Kenneth Wm	Centre
HYLEK, ELAINE M	Allegheny
HYMAN, MD, David S	Northampton
HYMAN, MD, Harold L	Philadelphia
HYMAN, MD, Herbert L	Lehigh
HYMAN, MD, Paul R	Cambria
HYNES, MD, John J	Philadelphia
HYZINSKI, MD, Martin B	Lackawanna

I

IALEGGIO, MD, John J	Northampton
IAMS, MD, William B	Dauphin
IANCU, MD, Albert L	Allegheny
IANNAMORELLI, MD, Anthony S	Fayette
IANNUZZI, MD, C Charles	Allegheny
IAQUINTO, MD, John M	Delaware
IBANEZ, MD, Melchisedec	Mckean
IBARS, MD, George C	Philadelphia
ICHIKAWA, MD, Diane C L	Allegheny
ICHTER, MD, Jon R	Lancaster
ICHTER, MD, Joseph T	Dauphin
ICLI, MD, Nadir	Westmoreland
IDDENDEN, MD, David A	Philadelphia
IDICULLA, MD, Anne A	Philadelphia
IDREES, MD, Muhammad	Allegheny
IDUCOVICH, MD, Nicholas	Westmoreland

IGNACIO JR, MD, Glicerio V	Cambria
IGNATIUS, MD, Paul F	Warren
ILKHANIPOUR, MD, Cyrus	Allegheny
ILLINGWORTH, DO, William A	Bedford
ILYAS, MD, Mohammad	Allegheny
IMAIZUMI, MD, Shotaro	Delaware
IMBARRATO, MD, Francis C	Lycoming
IMBER, MD, Irving	Berks
IMBRIE, MD, David E	Butler
IMBRIGLIA, MD, Joseph E	Luzerne
IMBRIGLIA JR, MD, Joseph E	Allegheny
IMPERATO, MD, Pascal J	Chester
IMPERIALE, MD, Salvatore M	Luzerne
IMPINK, MD, Robert R	Berks
INDECK, MD, Matthew C	Montour
INDORATO, MD, Leroy S	Allegheny
INGAGLIO, MD, Philip E	Philadelphia
INGERSOLL, MD, Charles J	Philadelphia
INGRAM, MD, David N	Washington
INNERS, MD, Charles R	Dauphin
INNIS, MD, Patricia A	Berks
INSLEY JR, MD, Marion C	Dauphin
INTRIERI, PETER M	Allegheny
IOBST, MD, William F	Bradford
IOZZI, MD, Louis	Delaware
IRANI, MD, Mahakhurshid	Northampton
IRANI, MD, Mahatab	Northampton
IRANI, MD, Roshen N	Philadelphia
IRBY, MD, Susan K	Allegheny
IREY JR, MD, Philip M	Columbia
IRWIN, MD, John T	Bucks
ISAACS, MD, Charles T	Dauphin
ISAACS, MD, Gilbert H	Allegheny
ISAACSON, MD, Howard	Philadelphia
ISAACSON, MD, Stanford	Allegheny
ISARD, MD, Harold J	Philadelphia
ISARIYAWONGSE, MD, Prakorb	Fayette
ISDANER, MD, Neil L	Philadelphia
ISENBERG, MD, Chester L	Huntingdon
ISHLER, MD, H Richard	Centre
ISIDRO, MD, Eugenio G	Lawrence
ISLAMOFF, MD, Igor I	Cambria
ISMAIL-BEIGI, MD, Farhad	Allegheny
ISRAEL, MD, Harold L	Philadelphia
ISRAEL, MD, Michael	Allegheny
ISRAEL, MD, Robert H	Warren
ITKIN, MD, Irving H	Philadelphia
ITSKOWITZ, MD, Alan L	Allegheny
IVINS, MD, J Leonard	Delaware
IVINS, MD, Joseph L	Delaware
IVINS, MD, Samuel P	Delaware
IVINS, MD, Seth L	Delaware
IVKER, MD, Milton	Philadelphia
IVKER, MD, Morris	Montgomery
IZZO, MD, Kenneth L	Philadelphia
IZZO, MARK R	Students

J

JABLON, MD, Lisa K	Philadelphia
JABLON, MD, Norman C	Montgomery
JABLONSKI, MD, Richard R	Allegheny
JABLONSKY, MD, Albert	Westmoreland
JABRE, MD, Anthony	Allegheny
JACKLINE JR, MD, Joseph J	Allegheny
JACKSON, MD, Christann L	Allegheny
JACKSON, MD, Frank W	Dauphin
JACKSON, MD, Jay R	York
JACKSON, MD, Mark A	Lancaster
JACKSON, MD, Paul W	Delaware
JACKSON, MD, T Scott	Berks
JACOB, MD, Joseph P	Philadelphia
JACOB, MD, W Lindsay	Allegheny
JACOB JR, MD, Herbert E	Allegheny
JACOBELLI, MD, Michael C	Bucks
JACOBIUS, MD, Henry F	Northampton
JACOBS, MD, Clyde H	Northumberland
JACOBS, MD, David	Allegheny
JACOBS, MD, E Gardner	Philadelphia
JACOBS, MD, Francis	Chester
JACOBS, MD, George A J	Allegheny
JACOBS, MD, Irvin	Luzerne
JACOBS, MD, John B	Montgomery
JACOBS, MD, Joseph A	Philadelphia
JACOBS, MD, Kenneth M	Lackawanna
JACOBS, MD, Mark	Delaware
JACOBS, MD, Martin	Mckean
JACOBS, MD, Richard P	Allegheny
JACOBS, MD, Robert P	Philadelphia
JACOBS, MD, Robert V	Somerset
JACOBS, MD, Samuel A	Allegheny
JACOBS, MD, Stanley R	Philadelphia
JACOBSON, MD, Horace H	Bradford
JACOBSON, MD, Laura B	Philadelphia
JACOBSON, MD, Louise	Lackawanna
JACOBSON, MD, Martin A	Berks
JACOBSTEIN, MD, Jerome G	Philadelphia
JACOBUCCI, MD, Nicola J	Beaver
JACOBY, MD, Jay	Philadelphia
JACOBY, MD, Richard A	Philadelphia
JACQUES, MD, Charles H	Lycoming
JACQUES, MD, George A	Allegheny
JAEGER, MD, Edward A	Delaware
JAEGER, MD, Robert M	Lehigh
JAEGER, MD, Scott H	Philadelphia
JAFAR, MD, Mohammad A	Philadelphia
JAFARI, MD, Nercy	Lehigh
JAFFARI, MD, Mohammed A	Philadelphia
JAFFE, MD, Beryl	Philadelphia
JAFFE, MD, John S	Lehigh
JAFFE, MD, Louis	Montgomery
JAFFE, MD, Marvin E	Philadelphia
JAFFE, MD, Seymour S	Warren
JAFFE, MD, Stephen C	Philadelphia
JAGEMAN, MD, James R	Erie
JAGEMAN, MD, John C	Erie
JAHDI, MD, Nasrollah	Allegheny
JAHNLE, MD, Richard L	Philadelphia
JAHRE, MD, Jeffrey A	Northampton
JAHROMI, MD, Heidar K	Chester
JAIN, MD, Dilip M	Lancaster
JAKAB, MD, Irene	Allegheny
JAKUBEK, MD, Donald J	Westmoreland
JAKYMEC, MD, Andres J	Butler
JALALI, MD, Manoucher	Delaware
JALALI, MD, Shailen	Philadelphia
JALBUENA, MD, Robert C	Delaware
JAMA, DO, Robert H	Lackawanna
JAMALI, MD, Anmar A	Delaware
JAMES, DO, Edward E	Allegheny
JAMES, MD, Frank S	Philadelphia
JAMES, MD, Geoffrey M	Dauphin
JAMES, MD, Russell E	Luzerne
JAMESON, MD, E Carleton	Lancaster
JAMIL, MD, Qazi A	Mckean
JAMSHIDI, MD, Javad	Beaver
JAN, MD, Rehana A	Philadelphia
JAN, MD, Ronald S	Philadelphia
JAN, MD, Tayyaba S	Lackawanna
JANA, MD, Barid B	Fayette
JANA, MD, Dilip K	Erie
JANARDHANAN, MD, Ravi	Allegheny
JANERICH, MD, Albert D	Luzerne
JANEWAY, MD, Timothy	Allegheny
JANIAK, DO, Daniel D	Allegheny
JANICIJEVIC, MD, Nenad	Allegheny
JANJIGIAN, MD, Edward R	Luzerne
JANNELLI, MD, Angela F	Bucks
JANNELLI, DOROTHY F	Students
JANNETTA, CAROL M	Allegheny
JANNETTA, MD, Peter J	Allegheny
JANOFF, MD, Barry A	Allegheny
JANOSKO, MD, Rudolph E	Allegheny
JANOWITZ, MICHAEL J	Allegheny
JANSON, MD, Russell R	Delaware
JANZER, SEAN F	Students
JAQUISS, MD, G William	Allegheny
JARIWALA, MD, Leticia Q	Allegheny
JARMAN, MD, Martha L	Bucks
JARMOLOWSKI, MD, Chester R	Allegheny
JAROWENKO, MD, Mark V	Dauphin
JARRELL, MD, Bruce E	Philadelphia
JARRETT, MD, Fredric	Allegheny
JARRETT, PATRICIA J	Allegheny
JARVIS, MD, F Wayne	Philadelphia
JARYMOVYCH, MD, Jaroslaw I	Philadelphia
JAURIGUE, MD, Venerando G	Philadelphia
JAVAN, MD, Mehdi B	Westmoreland
JAVIAN JR, MD, Thomas A	Bucks
JAWAD, MD, Basil S	Chester
JAXHEIMER, MD, Eric C	Berks
JAY JR, MD, Wendell T	Berks
JAYAKUMAR, MD, Subramoniam	Washington
JAYAPRAKASH, MD, Srinivasa K	Elk/Cameron
JECK, DO, Saul	Philadelphia
JEFFERIES III, MD, George E	Dauphin
JEFFERIS, MD, Earl S	Lehigh
JEFFERS, MD, John B	Philadelphia
JEFFREY, MD, Mary E	Philadelphia
JEFFREYS, MD, William H	Montour
JEFFRIES, MD, Christopher S	Beaver
JEFFRIES, MD, Graham H	Dauphin
JELEN, MD, Joseph A	Philadelphia
JENCKES III, MD, George A	Berks
JENCO, DO, Vincent L	Erie
JENKIN, BRENDA K	Students
JENKINS, MD, B Wheeler	Philadelphia
JENKINS, MD, Benjamin C	Blair
JENKINS, MD, Jay L	Erie
JENKINS, MD, Timothy F	Delaware
JENKINS JR, MD, David E	Allegheny
JENNEY, MD, Florence S	Butler
JENNINGS, MD, David T	Lycoming
JENOFSKY, MD, Jack	Philadelphia
JENS, MD, Kurtis D	Lancaster
JENSEN, MD, Loren J	Montgomery
JESSAR, MD, Ralph A	Philadelphia
JETTER, MD, Walter W	Westmoreland
JETTI, MD, Krishna P	Allegheny
JEW JR, MD, Edward W	Allegheny
JEWELL, MD, Melanie	Philadelphia
JEWELL JR, MD, James H	Berks
JEWETT, MD, Stephen R	Lackawanna
JEYARAJ, MD, Francis	Montgomery
JHO, MD, Hae Dong	Allegheny
JIAN, MD, Parviz	Allegheny
JIMENEZ, FERNANDO	Students
JIMERSON, MD, Cedric C	Berks
JIN, MD, Byunghak	Fayette
JIUNTA, DO, James M	Luzerne
JO, MD, Jae J	Westmoreland
JOACHIM, MD, Leonard	Columbia
JOCHNOWITZ, MD, Michael J	Montgomery
JOEBSTL, MD, Barbara C	Philadelphia
JOHAN, MD, Morton	Allegheny
JOHN, MD, Cherian	Butler
JOHN, MD, Lawrence R	Allegheny
JOHN EXEC, DIR, Paul P	Lycoming
JOHNS, MD, Barbara A	Montour
JOHNS, MD, Milton W	Lancaster
JOHNSON, MD, Alfred T	Berks
JOHNSON, MD, Bernett L	Philadelphia
JOHNSON, MD, Bruce R	Venango
JOHNSON, MD, Carl G	Lancaster
JOHNSON, MD, Charles F	Lehigh
JOHNSON, MD, Charles L	Philadelphia
JOHNSON, CHERIE J	Students
JOHNSON, MD, Craig H	Berks
JOHNSON, MD, Dennis R	York
JOHNSON, MD, Don E	Philadelphia
JOHNSON, MD, Dorothy E	Luzerne
JOHNSON, MD, Douglas E	Lehigh
JOHNSON, MD, Elting C	Bradford
JOHNSON, MD, Franklin P	Allegheny
JOHNSON, MD, Gary E	Allegheny
JOHNSON, MD, George M	York
JOHNSON, MD, Herbert C	Berks
JOHNSON, MD, James R	Allegheny
JOHNSON, JANICE M	Students
JOHNSON, MD, Jonas T	Allegheny
JOHNSON, MD, Max E	Beaver
JOHNSON, MD, Norman L	Delaware
JOHNSON, MD, Philip E P	Delaware
JOHNSON, MD, Rebecca W	Philadelphia
JOHNSON, MD, Robert G	Philadelphia
JOHNSON, MD, Robert P	Lancaster
JOHNSON, MD, Van W	Warren
JOHNSON, MD, Waine C	Philadelphia
JOHNSON, MD, Walter K	Westmoreland
JOHNSON, MD, William H	Philadelphia
JOHNSON, MD, William T	Berks
JOHNSON, MD, Wm G	Northampton
JOHNSON III, MD, H John	Delaware
JOHNSON III, MD, S Harris	Allegheny
JOHNSON JR, MD, Bertram L	Lancaster
JOHNSON JR, MD, Howard J	Philadelphia
JOHNSON JR, MD, Thomas A	Philadelphia
JOHNSTON, MD, Dorothy	Schuylkill
JOHNSTON, MD, Eugene V	Lancaster
JOHNSTON, MD, Frank B	Philadelphia
JOHNSTON, DO, Harry D	Franklin
JOHNSTON, MD, J Murl	Allegheny
JOHNSTON, MD, James B	Venango
JOHNSTON, MD, Jean C	Philadelphia
JOHNSTON 3RD, MD, James R	Cumberland
JOHNSTON JR, MD, John A	Allegheny
JOHNSTONE, MD, Graham F	Allegheny
JOLLY, MD, Raj K	Elk/Cameron
JONAS, MD, Jaroslav G	Montour
JONES, MD, Ancil A	Delaware
JONES, MD, C Henry	Lackawanna
JONES, MD, Daniel C	Montgomery
JONES, MD, David G	Lehigh
JONES, MD, David J	York
JONES, MD, Edward	Lebanon
JONES, MD, Edward L	Bradford
JONES, MD, Frederick L	Huntingdon
JONES, MD, George A	Dauphin
JONES, MD, George J	Washington
JONES, MD, J Albright	Delaware
JONES, MD, James E	Dauphin
JONES, MD, Joseph C	Adams
JONES, MD, Julie L	Lancaster
JONES, MD, Larry W	Blair
JONES, MD, Marion K	Berks
JONES, MD, Michael W	Lycoming
JONES, MD, Neil F	Allegheny
JONES, MD, Raymond R	Chester
JONES, MD, Richard E	Adams
JONES, MD, Richard E	Beaver
JONES, MD, Robert K	Delaware
JONES, MD, Robert T	Luzerne
JONES, SETH M	Students
JONES, MD, Stephanie A	Philadelphia
JONES, MD, Stuart A	Lehigh
JONES, MD, Terrence H	Lancaster
JONES, MD, Thomas D	Montour
JONES, MD, Tom B	Mercer
JONES, MD, Wendell E	Allegheny
JONES JR, MD, Arthur F	Lancaster
JONES JR, MD, Frederick L	Montour
JONES JR, MD, Harry B	Beaver
JONES JR, MD, John H	Lycoming
JONES JR, MD, Robert T	Allegheny
JONES-GORDON, MD, Sandra M	Allegheny
JORDAN, MD, Claus G	Monroe
JORDAN, MD, Jerome W	Lackawanna
JORDAN, MD, William P	Monroe
JORDAN, MD, Wm J	Lackawanna
JORDAN JR, MD, Herbert V	Dauphin
JORET, MD, Dale M	Lackawanna
JOSEPH, MD, Alfred J	Mercer
JOSEPH, MD, Andrew H	Allegheny
JOSEPH, MD, Elaine R	Allegheny
JOSEPH, MD, George M	Northampton
JOSEPH, MD, Kadankavil C	Elk/Cameron
JOSEPH, DO, Mitchell W	Blair
JOSEPH, MD, Neal	Allegheny
JOSEPH, MD, Raymond E	Philadelphia
JOSEPH, MD, Raymond J	Luzerne
JOSHI, MD, Harendra V	Philadelphia
JOSHI, MD, Kishor E	Fayette
JOSHI, MD, Kundabala S	Philadelphia
JOSHI, MD, Manohar J	Allegheny
JOSON, MD, Raymond M	Philadelphia
JOSSELSON, MD, Alan S	Montgomery
JOURDAIN, MD, Luis M	Blair
JOY, MD, Charles A	Erie
JOYCE, MD, Michael F	Montgomery
JOYCE, MD, Richard A	Dauphin
JOYCE III, MD, John J	Philadelphia
JOYNER, MD, David M	Dauphin
JOZEFCZYK, MD, Patricia B	Allegheny
JOZEFIAK, JUDITH A	Students
JU, MD, William D	Philadelphia
JUANG, MD, Richard C	Erie
JUAREZ, MD, Rolando	Montgomery
JUBELIRER, MD, Robert A	Montgomery
JUDD, MD, James D	Montgomery
JUDE, MD, Colleen D	Philadelphia
JUDSON, MD, Susan C	Lycoming
JUDSON, MD, William W	Lycoming
JUHASZ, MD, Alex B	Indiana
JULES, MD, Arnold J	Montgomery
JULIA, MD, Ronald R	Northampton
JULIAN, MD, Thomas B	Allegheny
JULIUS, MD, Ernest L	Luzerne
JUNCOS, MD, Guillermo R	Chester
JUNEJA, MD, Damyanti	Philadelphia
JUNEJA, MD, Ish K	Philadelphia
JUNG, MD, Hong I	Lackawanna
JUNG, MD, Jay Soo	Lehigh
JUNG, MD, Jennifer L	Bucks
JUNG, MD, Tinliung	Mckean
JUNGHANS, MD, Siegfried P	Allegheny
JUNKIN, MD, David M	Montgomery
JUPIN, MD, John A	Venango
JURGENS, MD, Kenneth H	Erie
JURGENSEN, MD, John C	Cumberland
JURNOVOY, MD, Joel B	Delaware
JUSTIN, MD, Peter A	Northumberland
JUVELIER, MD, Bernard W	Dauphin

K

KAAR, MD, Richard C	Lycoming
KABLER, MD, Ronald L	Montour
KACHIK, MD, Larry J	Indiana
KACHLINE, DO, Donald A	Lackawanna
KACZOR, MD, Stanley F	Blair
KAFRISSEN, MD, Steven R	Luzerne
KAGAN, ALICE L	Students
KAGUYUTAN, MD, Alfredo G	Adams
KAGUYUTAN, MD, Ofelia D	Adams
KAHN, MD, Bernard L	Philadelphia
KAHN, MD, Donald L	Philadelphia
KAHN, MD, Hyman R	Philadelphia
KAHN, MD, Ronald L	Bradford
KAHN, MD, Sigmund B	Philadelphia
KAHN, MD, Y Raymond	Armstrong
KAIN III, MD, Thomas M	Delaware
KAIRYS, MD, Leo R	Allegheny
KAISER, MD, Gerard D	Dauphin
KAISER, MD, Ralph H	Lycoming
KAISER, ROBERT M	Students
KAISLER, DAVID M	Students
KAJANI, MD, Mehdi K	Philadelphia
KALAFER, MD, Marvin	Philadelphia
KALAGAYAN, MD, Hector J	Erie
KALAWADIA, MD, Vinodrai D	Montgomery
KALCHMAN, MD, Steven H	Montgomery
KALENAK, MD, Alexander	Dauphin
KALENIAN, MD, Mark H	Philadelphia
KALES, MD, Anthony	Dauphin
KALES, MD, Joyce	Dauphin
KALISH, MD, Robert W	Philadelphia
KALISH, MD, Sidney J	Philadelphia
KALKHOF, MD, Thomas C	Erie
KALKUNTE, MD, Jagdish R	Bradford
KALLA, MD, Richard L	Allegheny
KALLISH, MD, Marvin N	Philadelphia
KALLOZ, MD, John R	Adams
KALMANSON, MD, Jacob D	Allegheny
KALMAR, MD, Oscar R	Bucks
KALODNER, MD, Alfred L	Philadelphia
KALODNER, DO, David R	Delaware
KAMBIN, MD, Parviz	Philadelphia
KAMDAR, MD, Jayant C	Philadelphia
KAMEEN, MD, Anthony J	Luzerne
KAMERER, MD, Donald B	Allegheny
KAMINENI, MD, Uma	Philadelphia
KAMINSKI, MD, Robert J	Allegheny
KAMINSKI, MD, Thomas N	Westmoreland
KAMINSKY, MD, Anthony F	Erie
KAMINSKY, MD, James F	Erie
KAMINSTEIN, MD, David S	Chester
KAMMERER, MD, William S	Dauphin
KAMSLER, MD, David F	Adams
KANAL, MD, Emanuel	Allegheny
KANDRA, MD, Joseph J	Dauphin
KANDULA, MD, Ravindra R	Northampton
KANE, MD, James A	Lackawanna
KANE, MD, Joan D	Delaware
KANE, MD, John J	Allegheny
KANE, MD, John S	Montgomery
KANE, MD, Kevin M	Allegheny
KANE, MD, Vivian B	Philadelphia
KANE, MD, William M	Delaware
KANEFF, MD, Scott R	Northumberland
KANEFIELD, DO, Marvin	Philadelphia
KANENSON, MD, William L	Dauphin
KANG, MD, Se-Boo	Armstrong
KANIA, MD, Robert J	Allegheny
KANIS, MD, Myron L	Philadelphia
KANN, MD, Jules	Allegheny
KANNAN, MD, Vaidehi	Delaware
KANNANGARA, MD, Yogeswary	Philadelphia

KANOFF, MD, Steven J	Philadelphia
KANSAGRA, MD, Jasmat N	Cambria
KANSAL, MD, Kusum R	Blair
KANSAL, MD, Naren	Philadelphia
KANSAL, MD, Raj G	Blair
KANT, MD, Naval	Allegheny
KANTER, MD, Frank J	Philadelphia
KANTOR, DO, James G	Philadelphia
KANTOR, MD, Milton	Luzerne
KAO, MD, Chien-Kuo	Allegheny
KAO, MD, Lidia W L	Allegheny
KAO, MD, Yi H	Clearfield
KAO, MD, Yu Song	Luzerne
KAPADIA, MD, Dilip L	Delaware
KAPCALA, DO, Jan S	Monroe
KAPLAN, MD, Abraham	Monroe
KAPLAN, MD, Barry R G	Allegheny
KAPLAN, MD, Bernard	Philadelphia
KAPLAN, MD, Carl	Allegheny
KAPLAN, MD, Frank E	Montgomery
KAPLAN, MD, Lawrence M	Berks
KAPLAN, MD, Louis	Philadelphia
KAPLAN, MD, Peter D	Allegheny
KAPLAN, MD, Richard H	Philadelphia
KAPLAN, MD, Robert D	Philadelphia
KAPLAN, MD, Robin L	Berks
KAPLAN, MD, S Richard	Philadelphia
KAPLAN, MD, Sheldon J	Montour
KAPLAN, MD, Stephen M	Blair
KAPLOW, MD, Gwen H	Philadelphia
KAPOOR, MD, Rajeshwar D	Allegheny
KAPOOR, MD, Sarla	Clinton
KAPOOR, MD, Shailendra N	Clinton
KAPP, MD, Anton	Montgomery
KAPPA, MD, Rosanne D	Philadelphia
KAPPAKAS, MD, George S	Allegheny
KAR, MD, Dilip S	Westmoreland
KARA, MD, Aoun B	Northampton
KARABELNIK, MD, Don	Berks
KARAFIN, MD, Lester	Philadelphia
KARAKASHIAN, MD, Nubar A	Philadelphia
KARAMANIAN, MD, Agop V	Erie
KARAMBELKAR, MD, Jagannath P	Allegheny
KARAMCHANDANI, MD, Mahesh C	Lehigh
KARAMCHANDANI, MD, Nilima T	Allegheny
KARAMCHETI, MD, Anand	Washington
KARANDY, DO, Emely	Philadelphia
KARANJIA, MD, Minoo D	Indiana
KARASICK, MD, David	Philadelphia
KARASICK, MD, Sheldon R	Philadelphia
KARASICK, MD, Stephen	Philadelphia
KARBINER, MD, Helmut L	Montgomery
KARCSH, DO, Henry J	Chester
KARDISH, MD, Thomas J	Bucks
KARDUCK, MD, John S	Cambria
KAREHA, MD, Louis G	Lackawanna
KARETAS, MD, Alexandra I	Philadelphia
KARIAN, MD, John M	Venango
KARIMKHANI, MD, Kobra	Allegheny
KARLE, MD, John G	Erie
KARLIN, DO, Paul S	Philadelphia
KARMAZN, MD, Nelly	Philadelphia
KARMILOWICZ, MD, N Peter	Philadelphia
KARNIK, MD, Subash S	Bucks
KARP, MD, Joseph S	Philadelphia
KARP, MD, Louis A	Philadelphia
KARP, DO, Ronda G	Montgomery
KARPEH JR, MD, Martin S	Philadelphia
KARPIN, MD, Max	Delaware
KARPINSKI JR, MD, Felix E	Montgomery
KARPINSKI JR, MD, Stephen J	Allegheny
KARR, MD, Steven P	Allegheny
KARRON, MD, Betty	Lehigh
KARSH, MD, Carl A	Erie
KART, MD, Barry H	Allegheny
KARUMBAYA, MD, Romola	Lackawanna
KARUNARATNE, MD, Esiri R	Blair
KARVER, MD, Sloan B	Wayne/Pike
KASALES, MD, Clarence J	Lebanon
KASDAN, MD, Richard B	Allegheny
KASDIN, MD, Sharon L	Philadelphia
KASE, MD, James J	Berks
KASE, MD, Paul F	Dauphin
KASE, MD, Wm A	Philadelphia
KASE JR, MD, James B	Philadelphia
KASEFF, MD, Leon G	Philadelphia
KASHATUS, MD, Wm C	Philadelphia
KASHURBA, MD, Glenn J	Philadelphia
KASI, MD, Krishnakumar A	Beaver
KASPAR, MD, Albert J	Northampton
KASPARIAN, MD, Hratch	Philadelphia
KASPER, MD, Donald J	Delaware
KASPRENSKI, MD, Matthew A	Lehigh
KASPRENSKI, MD, Matthew L	Lehigh
KASPUTIS, MD, David A	Columbia
KASTENBAUM, MD, Michael	Berks
KASUMI, MD, Asao	Lehigh
KATALAN, MD, Maurice M	Philadelphia
KATCHER, MD, Aaron H	Philadelphia
KATER, MD, Mitchell J	Montgomery
KATES, MD, Malcolm	Philadelphia
KATIGBAK, MD, Constancio D	Westmoreland
KATLIC, MD, Mark R	Luzerne
KATOWITZ, MD, James A	Philadelphia
KATSAMPES, MD, Ernest T	Dauphin
KATTELMAN, DO, Marc	Montgomery
KATZ, MD, Alan S	Philadelphia
KATZ, MD, Albert B	Philadelphia
KATZ, MD, David L	Allegheny
KATZ, MD, Irving M	Philadelphia
KATZ, MD, Irwin L	Allegheny
KATZ, MD, Jacob	Philadelphia
KATZ, MD, Janice D	Philadelphia
KATZ, MD, Jerald M	Westmoreland
KATZ, MD, Joseph	Lancaster
KATZ, MD, Julian	Philadelphia
KATZ, MD, M Richard	Philadelphia
KATZ, MD, Max	Philadelphia
KATZ, MD, Mitchell E	Lehigh
KATZ, MD, Richard G	Allegheny
KATZ, MD, Richard H	Philadelphia
KATZ, MD, Robert E	Montgomery
KATZ, MD, Ross M	Berks
KATZ, MD, Sheila M	Philadelphia
KATZ, MD, Steven A	Delaware
KATZ, MD, Theodore T	Philadelphia
KATZ, MD, Warren A	Philadelphia
KATZEN, BRETT W	Students
KATZIN, MD, Dick	Allegheny
KATZMAN, MD, Jeffrey I	Chester
KAUDERER JR, MD, John G	Monroe
KAUFER, MD, Gerald I	Allegheny
KAUFFMAN, MD, Abraham L	Philadelphia
KAUFFMAN, MD, Chester T	Indiana
KAUFFMAN, MD, Dwight A	Adams
KAUFFMAN, MD, M Luther	Montgomery
KAUFMAN, MD, Abraham S	Philadelphia
KAUFMAN, MD, Alan C	Bucks
KAUFMAN, MD, Barre D	Lehigh
KAUFMAN, MD, Benjamin V	Lackawanna
KAUFMAN, MD, Jay H	Lehigh
KAUFMANN, MD, Bruce M	Northampton
KAUR, MD, Manjeet	Lancaster
KAUR, MD, Prakash	Westmoreland
KAVIC, MD, Michael S	Allegheny
KAVIC, MD, Thomas A	Allegheny
KAVILLE, MD, Robert W	Lackawanna
KAVJIAN, MD, Edward M	Delaware
KAVLE, MD, Carleton J	Montgomery
KAWCHAK, MD, James	Somerset
KAY, MD, Chester	Allegheny
KAY, MD, Harold R	Philadelphia
KAY, MD, Michael L	Philadelphia
KAY, MD, Raymond J	Montgomery
KAY, SCOTT L	Students
KAYE, MD, Donald	Philadelphia
KAYE, KENDRA B	Students
KAZANECKI, MARY E	Allegheny
KAZEM, MD, Ismail	Philadelphia
KEAGLE, DO, Douglas L	Delaware
KEAGY, MD, R Marvel	Blair
KEAN, MD, Dennis W	Lehigh
KEAN, MD, Herbert	Philadelphia
KEANE, MD, William M	Philadelphia
KEARNEY, MD, James D	Dauphin
KEARNEY, MD, John M	Berks
KEARNEY, MD, Joseph A	Westmoreland
KEARNS, MD, Joseph W	Lancaster
KEATES, MD, Edwin U	Philadelphia
KEATING, MD, Edward C	Lycoming
KEBLISH JR, MD, Peter A	Lehigh
KECK, MD, William S	Westmoreland
KEDDIE, MD, Roland T	Allegheny
KEECH JR, MD, Hayden G	York
KEEFE, MD, Jerry M	Lancaster
KEEFER, MD, George P	Philadelphia
KEELY, MD, Elizabeth S	Philadelphia
KEENEY, MD, Galen E	Dauphin
KEEPORTS, MD, Richard L	York
KEFFER, MD, William H	Berks
KEGEL, MD, Daniel P	Lancaster
KEGEL, MD, Eugene E	Lancaster
KEHM, MD, Robert F	York
KEHM, MD, Vincent A	York
KEHRLI, MD, Henry J	Lackawanna
KEHRLI, MD, William H	Lackawanna
KEIL, MD, Stephen M	Centre
KEILANY, MD, Raghda T	Philadelphia
KEIM, MD, Peter J	Armstrong
KEISER, MD, Edwin L	Berks
KEISER, MD, Lester	Philadelphia
KEISERMAN, MD, Joseph	Philadelphia
KEISMAN, MD, Robert A	Philadelphia
KEISTER, MD, Stephen R	Erie
KEITER, MD, James M	Lebanon
KEITH, MD, Helen R H	Northampton
KELBICK, MD, Elaine H	Philadelphia
KELLER, MD, Earl B	Philadelphia
KELLER, MD, Frank M	Allegheny
KELLER, MD, John E	Berks
KELLER, DO, Jon M	Lancaster
KELLER, MD, Lynwood V	Berks
KELLERMAN, MD, Edwin	Philadelphia
KELLEY, MD, Donald L	Butler
KELLEY, EDWARD S	Allegheny
KELLEY, MD, Glen D	Allegheny
KELLEY, MD, William T	Lehigh
KELLEY JR, MD, Charles F	Lehigh
KELLMAN, MD, Ian A	Luzerne
KELLOGG, MD, Ronald A	Crawford
KELLY, MD, Bruce R	Allegheny
KELLY, MD, Edward A	Delaware
KELLY, MD, Edward G	Allegheny
KELLY, MD, Edward J	Lackawanna
KELLY, MD, Eugene W	Allegheny
KELLY, MD, Habib R	Philadelphia
KELLY, MD, Herbert T	Philadelphia
KELLY, MD, James J	Delaware
KELLY, MD, John A	Bradford
KELLY, MD, John S	Elk/Cameron
KELLY, MD, Marianne L	Lancaster
KELLY, MD, Mark F	Philadelphia
KELLY, MD, Paul O	Delaware
KELLY, MD, Robert W	Armstrong
KELLY, MD, Thomas J	Allegheny
KELLY, MD, William E	Philadelphia
KELLY, MD, William J	Allegheny
KELLY JR, MD, Edward A	Chester
KELLY JR, MD, John J	Delaware
KELSEY, MD, David M	Delaware
KELSO, MD, Don R	Montgomery
KELTON, MD, Franklin C	Montgomery
KELVIN, MD, Carl B	Philadelphia
KEMP, MD, Gordon B	Mercer
KEMP, MD, Robert M	Lancaster
KEMP III, MD, Dewitt E	Cambria
KEMPF JR, MD, Francis C	Philadelphia
KEMPFE, MD, Konrad M	Northumberland
KEMRER, MD, J Donald	Lancaster
KENDALL, MD, A Richard	Philadelphia
KENDALL, MD, Benjamin	Philadelphia
KENDALL, MD, Leigh W	Lancaster
KENEALY, JAMES F X	Students
KENIG, MD, Isador J	Dauphin
KENKRE, MD, Sricrishna B	Allegheny
KENNA, MD, Jos Patrick	Lancaster
KENNA, MD, Margaret A	Allegheny
KENNA, MD, Marita D	Allegheny
KENNARD, MD, John F	Clearfield
KENNEDY, MD, F Bryan	Allegheny
KENNEDY, MD, John N	Luzerne
KENNEDY, MD, Nelson M	Beaver
KENNEDY, MD, Patrick J	Delaware
KENNEDY, MD, Peter S	York
KENNEDY, MD, Richard P	Monroe
KENNEDY, MD, Roland L	Allegheny
KENNEDY, MD, Shirley A	Dauphin
KENNEDY, MD, Thomas L	Montour
KENNEDY JR, MD, Carl H	Philadelphia
KENNERDELL, MD, Edward H	Allegheny
KENNERDELL, MD, John S	Allegheny
KENNEY, NANCY T	Students
KENNING, MD, James A	Philadelphia
KENT, MD, David W	York
KENT, MD, George M	Lancaster
KENT, MD, Richard B	Chester
KENT, MD, W David	Franklin
KENVIN, MD, John E	Lehigh
KENWORTHY JR, MD, Harry J	Montgomery
KEOHANE, MD, Richard B	Philadelphia
KEON, MD, Thomas P	Philadelphia
KEOSATHIT, MD, Narong	Philadelphia
KEOUGH, MD, Jonathan E	Perry
KEPHART, MD, Fred W	York
KEPLER, MD, Furman T	Delaware
KEPLER JR, MD, Walter E	Delaware
KEPP, MD, Edward A	Venango
KERBACHER, MD, Daniel J	Columbia
KERN, MD, Frank	Montgomery
KERN, MD, Franklin M	Philadelphia
KERN IV, MD, George W	Chester
KERNICH, MD, Joseph J	Jefferson
KERNIS, DO, David	Philadelphia
KERR, MD, Paul B	Susquehanna
KERR, MD, Robert M	Luzerne
KERR JR, MD, Clark M	Westmoreland
KERR JR, MD, Harry J	Allegheny
KERR JR, MD, Thomas	Philadelphia
KERRY, MD, Roy E	Mercer
KERSHBAUM, MD, Carol M	Montgomery
KERSHNER, MD, Marilyn S	Berks
KERSON, MD, Lawrence A	Montgomery
KERSTEEN EXEC, DIR, Duane E	Luzerne
KERSTETTER, MD, David L	Bedford
KERSTING, MD, John W	Bradford
KESHGEGIAN, MD, Albert A	Delaware
KESSEL, MD, Lawrence J	Philadelphia
KESSELRING, MD, Joseph J	Montgomery
KESSELRING JR, MD, William T	Monroe
KESSLER, MD, Frank J	Northampton
KESSLER, MD, Laibe A	Allegheny
KESSLER, MD, Otto F	Allegheny
KESSLER, MD, Paul R	Berks
KESSLER, MD, Rex K	Delaware
KESSLER, MD, Woodrow B	Delaware
KESTER, KENT E	Students
KESTER, MD, Walter L	Chester
KESZELI, MD, Alexander R	Chester
KETELS, MD, Erk A	Bucks
KETTERING, MD, Donald L	Westmoreland
KETTRICK, MD, James P	Luzerne
KETTRICK, MD, Robert G	Philadelphia
KETZAN, MD, Tibor	Montgomery
KEVENK, MD, Kerim C	Cambria
KEVERLINE, MD, Paul O	Warren
KEYES, MD, Baldwin L	Philadelphia
KEYKHAH, MD, Mohammad M	Philadelphia
KHALAF, MD, Kamal	Jefferson
KHALIFA, MD, Nagib M	Franklin
KHALIL, MD, Karim	Westmoreland
KHALILI, MD, Behrooz	Allegheny
KHAN, MD, Abdul A	Lehigh
KHAN, MD, Abu	Philadelphia
KHAN, MD, Qador	Philadelphia
KHAN, MD, Shaukat H	Carbon
KHAN, MD, Sultan	Schuylkill
KHAN, MD, Yusuf M	Philadelphia
KHANNA, MD, Chancal	Philadelphia
KHANNA, MD, Om P	Philadelphia
KHANNA, MD, Sudhir K	Northumberland
KHANTHAN, MD, Subramaniam E	Philadelphia
KHELLA, MD, Lewis	Philadelphia
KHERA, MD, Dinesh C	Erie
KHOORY, MD, Maged S	Montgomery
KHOSHBIN, MD, Bijan	Lehigh
KHOURY, MD, Dennis J	Philadelphia
KHOURY, MD, Jacques A	Delaware
KHUBCHANDANI, MD, Indru T	Lehigh
KHURANA, MD, Ramesh C	Allegheny
KIBELBEK, MD, Michael J	Montour
KIBELSTIS, MD, John A	Lehigh
KICHLER, MD, Joel M	Allegheny
KIEFER, MD, Robert A	Franklin
KIEFNER JR, MD, Frederick J	Montgomery
KIEL, MD, Steven M	Delaware
KIELMAN, MD, Michael J	Allegheny
KIESEL, MD, Robert	Lehigh
KIKKAWA, MD, Kazutoshi	Bradford
KILKENNY III, MD, John W	Dauphin
KILLIAN, MD, Dorothea M	Montgomery
KILLIAN, MD, Paul J	Armstrong
KILLIAN III, MD, Calab L	Berks
KILLIUS, MD, James L	Somerset
KILMORE JR, MD, Vance Eugene	Dauphin
KILPATRICK, MD, Gertrude E	Beaver
KILPATRICK, MD, William F	Washington
KILPATRICK EXEC, SEC, William H	Northampton
KILPELA, MD, Donald A	Allegheny
KIM, MD, Achin	Lancaster
KIM, MD, Chung H	Lehigh
KIM, MD, Chung Shik	Berks
KIM, MD, Dong H	Fayette
KIM, MD, Dong H	Westmoreland
KIM, MD, Doo T	Northampton
KIM, MD, Eugene Y	Allegheny
KIM, MD, Hack J	Lancaster
KIM, MD, Hak R	Bucks
KIM, MD, Hwan Y	Cambria
KIM, MD, Hyoung D	Allegheny
KIM, MD, Hyung-Bae	Luzerne
KIM, MD, Ih C	Northampton
KIM, MD, Ikjin	Philadelphia
KIM, MD, Il G	Lycoming
KIM, MD, Jae-Chil	Allegheny
KIM, MD, Je H	Lawrence
KIM, JEAN	Allegheny
KIM, MD, Jin I	Lehigh
KIM, MD, Jung S	Philadelphia
KIM, MD, Kun H	Washington
KIM, MD, Kwan E	Philadelphia
KIM, MD, Kyu S	Lehigh
KIM, MD, Myoung S	Fayette
KIM, MD, Philip Y	Philadelphia
KIM, MD, Raymond Y	Butler
KIM, MD, Sang M	Jefferson
KIM, MD, Scott S	Allegheny
KIM, MD, Song Keun	Washington
KIM, MD, Sun Choong	Schuylkill
KIM, MD, Sung Y	Allegheny
KIM, MD, Uh G	Lawrence
KIM, VIVIAN T	Students
KIM, MD, Wan J	Lawrence
KIM, MD, Wha S	Fayette
KIM, MD, Wha S	Allegheny
KIM, MD, Yang K	Butler
KIM, MD, Yong Deok	Allegheny
KIM, MD, Yong Il	Westmoreland
KIM, MD, Yong W	Lancaster
KIM, MD, Yong-Kook A	Philadelphia
KIM, MD, Yoon C	Allegheny
KIM, MD, Young W	Bucks
KIM, MD, Yung S	Bucks
KIMBEL, MD, Philip	Philadelphia
KIMBIRIS, MD, Demetrios G	Philadelphia
KIMMEL, MD, Craig A	Philadelphia
KIMMEL, CRAIG S	Students
KIMMEL, MD, Henry A	Delaware
KIMMEL, MD, Murray H	Philadelphia
KIMMELMAN, MD, Charles P	Philadelphia
KING, MD, Andrew J	Cambria
KING, MD, Arthur B	Bradford
KING, MD, Arthur H	Westmoreland
KING, MD, Barbara L	Allegheny
KING, MD, Jane T	Philadelphia
KING, MD, Joseph T	Bradford
KING, MD, Leo M	Allegheny
KING, MD, Lois I	Philadelphia
KING, MD, Lorraine C	Philadelphia
KING, MARY A	Students
KING, MD, Phillip E	Cambria
KING, MD, Robert L	Allegheny
KING, MD, S Victor	Blair
KING, MD, Weir L	Berks
KING JR, MD, William	York
KINGSBURY, MD, Robert C	Montgomery
KINKEAD, KEVIN P	Allegheny
KINLAW, MD, W Bernard	Montgomery
KINNEY, MD, Mary S	Westmoreland
KINOSIAN, MD, Mary J	Venango
KINSEL, MD, Alvin A	Allegheny
KINSEY, MD, Frank R	Mifflin/Juniata
KINTZEL, MD, James E	Lehigh

KINTZER JR, MD, John S Northampton
KINTZI, MD, Harry E Lancaster
KIPP, MD, James E Lancaster
KIPP, MD, Joseph Bucks
KIRALY, MD, Laszlo Lackawanna
KIRBER, MD, H Peter Philadelphia
KIRBY, MD, Claude W Cambria
KIRBY, MD, Jacqueline P Luzerne
KIRBY, MD, James E York
KIRCHHOFER, MD, Lewis H Delaware
KIRCHOFFER, MD, James B Luzerne
KIRK, MD, Daniel L Northumberland
KIRK, MD, H Zane Allegheny
KIRK, MD, Jacquelyn M Allegheny
KIRK, MD, Marvel S Lancaster
KIRKER JR, MD, Walter R Dauphin
KIRKPATRICK, MD, Daniel W Montgomery
KIRKPATRICK, MD, John R Allegheny
KIRKPATRICK, MD, Robert L Crawford
KIRKPATRICK, MD, Samuel A York
KIRKPATRICK JR, MD, David D Crawford
KIRSCH, MD, William J Blair
KIRSHBAUM, MD, Bernard A Philadelphia
KIRSHBAUM, MD, Gary R Philadelphia
KIRTLAND III, MD, Howard H Venango
KISH, MD, George F Erie
KISH, DO, John M Luzerne
KISH, MD, Robert S Centre
KISHOREKUMAR, MD, Ranganna Philadelphia
KISLOFF, MD, Barry Allegheny
KISNER, MD, Robert G Allegheny
KISSELL, MD, Dewitt C Allegheny
KISTENMACHER, MD, John C Philadelphia
KISTLER, MD, David W Luzerne
KISTLER, MD, Kermit K Lehigh
KISTLER, MD, Paul M Montgomery
KISTLER, MD, Philip E Chester
KISTLER, MD, Priscilla J Montgomery
KISTLER, MD, Warren D Franklin
KISTLER, MD, William S Montgomery
KITCHEN 3D, MD, James G Delaware
KITCHEN II, MD, James G Monroe
KITEI, MD, Milton N Philadelphia
KITEI, MD, William J Northampton
KITSKO, DO, Dennis Washington
KITSKO, MD, William T Cambria
KITTLEBERGER, MD, William C Bucks
KITTRELL, MD, William H Washington
KITTS, MD, Ellen L Allegheny
KITZMILLER, MD, John K Dauphin
KIVITZ, MD, Alan J Blair
KLAG, DO, Joseph V Beaver
KLAIN, MD, Miroslav Allegheny
KLASKIN, DO, Bruce D Allegheny
KLASKO, MD, Stephen K Lehigh
KLATCHKO, MD, William W Lebanon
KLATMAN, MD, Samuel J Allegheny
KLAUS, MD, Thomas C Erie
KLAVAN, MD, Marshall Delaware
KLAWON, MD, David L Erie
KLAY, MD, John W Allegheny
KLECKNER, MD, Francis S Lehigh
KLEES, MD, Athanasius Lehigh
KLEIN, MD, Dorothy E Philadelphia
KLEIN, MD, Fred S Washington
KLEIN, MD, Joseph F Chester
KLEIN, MD, Joseph M Luzerne
KLEIN, MD, Lorrie J Philadelphia
KLEIN, MD, Michael A York
KLEIN, MD, Michael E Dauphin
KLEIN, DO, Milton J Allegheny
KLEIN, MD, Raymond A Berks
KLEIN, MD, Richard M Allegheny
KLEIN, MD, Robert Columbia
KLEIN, MD, Rolf A Venango
KLEIN, MD, Sanford M Allegheny
KLEIN, MD, Sheldon Philadelphia
KLEIN, DO, Steven G Delaware
KLEIN, MD, Theodore C Jefferson
KLEIN JR, MD, William J Berks
KLEINBART, MD, Morris Philadelphia
KLEINER, MD, Anton J Berks
KLEINER, MD, Henry T Philadelphia
KLEINERT, MD, Richard W Clearfield
KLEINSCHMIDT, MD, Robert F Allegheny
KLEM, MD, Albert J Luzerne
KLEMEK, MD, Stanley C Dauphin
KLEMENS, MD, Lee J Cambria
KLEMENS, MD, Robert F Cambria
KLEPPINGER, MD, Richard K Berks
KLIEGER, MD, Herman L Westmoreland
KLIGERMAN, MD, Morton M Philadelphia
KLIGMAN, MD, Albert M Philadelphia
KLIMES, MD, Ronald L York
KLINE, MD, Ben Lackawanna
KLINE, MD, Edgar W Montgomery
KLINE, MD, Irwin K Delaware
KLINE, MD, Jack A York
KLINE, MD, Robert M Lebanon
KLINE, MD, Robert W Allegheny
KLINE, MD, Tilde S Delaware
KLINEFELTER, MD, Hylda C Delaware
KLING, MAUREEN C Students
KLINGENSMITH, MD, Walter C Philadelphia
KLINGER, MD, Frank A Venango
KLINGER, MD, Harry M Montour
KLINGHOFFER, MD, June F Philadelphia
KLINGHOFFER, MD, Leonard Philadelphia
KLINMAN, MD, Steven W Philadelphia
KLINMAN, MD, William Philadelphia
KLINOW, MD, Linda F Delaware
KLIONSKY, MD, Bernard L Allegheny
KLOIN, MD, Jay E Lehigh
KLOSE, MD, Paul L Somerset
KLOTZ, MD, Donald J Lehigh
KLUFT, MD, Richard P Berks
KLUG, MD, Gerald D Allegheny
KLUTZ, MD, Joseph P Allegheny
KMONICEK, MD, Joseph M Philadelphia
KNAPP, MD, Michael A Bucks
KNAPP, MD, Richard B Greene
KNAPP, MD, Robert C Beaver
KNAPPENBERGER, MD, William L Allegheny
KNAPPER, MD, Elizabeth J Lehigh
KNAPPMAN, MD, John W Berks
KNAUB, MD, Marilyn B Delaware
KNEBL, DO, Janice A Montour
KNECHT, MD, Charles L Lehigh
KNEE, DO, Norman S Philadelphia
KNEELAND, MD, Malcolm E Montgomery
KNEIFATI, MD, Ahmed Northumberland
KNELLER PHD EXEC, DIR, W Richard Lackawanna
KNEPLEY, MD, David W Columbia
KNEPP, MD, Mary E Monroe
KNEPPER, MD, Joseph A Lancaster
KNEPPER, MD, Laurie E Allegheny
KNERR, MD, Richard A Centre
KNERR JR, MD, Edgar D Lancaster
KNIAZER, MD, Barry Berks
KNIGHT, ALICIA P Students
KNIGHT JR, MD, Emerson L Dauphin
KNOCH, MD, H Roebling York
KNOLL, MD, George M Northampton
KNOTT, MD, Albert P Allegheny
KNOUSE, MD, Albert B Bucks
KNOWLES, MD, Harry J Philadelphia
KNOWLES, MD, Willard E Delaware
KNOWLTON JR, MD, Stephen B Montgomery
KNOX, MD, Mark A Centre
KNUPP, MD, Donna L Allegheny
KNUPP, MD, Melvin L Dauphin
KO, MD, Chan S Schuylkill
KO, MD, Jehoon Beaver
KO, MD, Yih S Carbon
KO, MD, Yih Song Mercer
KOBALY, MD, David J Allegheny
KOBLIN, MD, Donald D Dauphin
KOCH, MD, Andrew W Lancaster
KOCH, MD, Joseph C Allegheny
KOCH, MD, L Von Lackawanna
KOCHU, MD, Steve Berks
KODALI, MD, Raja V Allegheny
KODSI, MD, Magdi S Philadelphia
KODUMAL, MD, Luis E Delaware
KODURI, MD, Parandham Allegheny
KOEHL JR, MD, C Warren Luzerne
KOELLER, MD, Royal R Cambria
KOELSCH, MD, Robert R Bucks
KOENIG, MD, Johann A Luzerne
KOENIG, MD, Mark A Allegheny
KOENIG, MD, Theodore R Clarion
KOEPKE, MD, Hans H Chester
KOEPSELL, MD, Don G Philadelphia
KOERBER JR, MD, Walter A Dauphin
KOFF, MD, Richard A Philadelphia
KOFFLER, MD, David Philadelphia
KOFFLER, MD, Howard B Bucks
KOFLANOVICH, SUSAN E Students
KOGAN, MD, Allan J Philadelphia
KOHAN, DO, David A Lehigh
KOHL, MD, David H Armstrong
KOHL, MD, E James Philadelphia
KOHL, MD, Stephen D Berks
KOHLER, MD, F Peter Delaware
KOHLER, MD, Henry J Philadelphia
KOHLER EXEC, SEC, Michael P Cambria
KOHLHAS, MD, Jacob J Montgomery
KOHRT, MD, Alan E Wayne/Pike
KOHUTIAK, MD, Vsevolod Delaware
KOIMATTUR, MD, Arwind Allegheny
KOIVUNEN, MD, Debra G Dauphin
KOIWAI, MD, Eichi K Philadelphia
KOKALES, MD, John G Allegheny
KOLANDER, MD, Scott A Philadelphia
KOLANSKY, MD, Harold Philadelphia
KOLB, MD, Aaron J Lycoming
KOLB, MD, Charles E Lycoming
KOLBER, MD, Lauren R Philadelphia
KOLENICH, MD, James J Mercer
KOLFF, MD, Jacob Philadelphia
KOLINER, MD, Charles M Allegheny
KOLLER, MD, Harold P Montgomery
KOLTER, MD, James S Chester
KOLTER JR, MD, Joseph P Allegheny
KOLTES, MD, John A Philadelphia
KOLTON, MD, Vladimir J Berks
KOMALAHIRANYA, MD, Amnuay Washington
KOMALAHIRANYA, MD, Usa E Washington
KOMEN, MD, Supote S Washington
KOMINSKY, MD, Alan H Philadelphia
KONCHANIN, MD, Lynn M Bucks
KONCHAR, MD, William C Montour
KONDASH, DO, Dennis J Lackawanna
KONDAVEETI, MD, Kotayya Allegheny
KONDRATOWSKI, MD, Richard Z Philadelphia
KONDROT, MD, Edward C Allegheny
KONECKE, MD, Lee L Montgomery
KONECKE, MD, M Louis Luzerne
KONECKE, MD, Ron J Luzerne
KONGSTVEDT, MD, Peter R Allegheny
KONHAUS, MD, Carol H Dauphin
KONRAD, MD, Mark G Beaver
KONWINSKI, MD, Edward S Mckean
KOO, MD, Peter J Bucks
KOO, MD, Wook H Luzerne
KOOLPE, MD, Harvey A Philadelphia
KOOLPE, MD, Louis Philadelphia
KOOROS, MD, Kian S Allegheny
KOOSER, MD, Robert R Allegheny
KOPACH, MD, Kathleen Columbia
KOPEN, MD, Dan F Luzerne
KOPENHAVER, MD, Donald B Lehigh
KOPP, MD, Nel Centre
KOPPEL, MD, Max M Philadelphia
KOPROWSKA, MD, Irena Philadelphia
KOPROWSKI, MD, Hilary Philadelphia
KOPYT, DO, Nelson P Lehigh
KORBONITS, MD, Charles W Chester
KORDEK, MD, Michael E Cambria
KORENTZWITT, MD, Edith Philadelphia
KOREY, MD, Joseph J Philadelphia
KOREY, MD, Joseph J Berks
KORHAMMER, MD, Alan F Northampton
KORINCHAK, MD, Jerome L Mifflin/Juniata
KORMAN, MD, Michael J Philadelphia
KORNELUK-REILLY, MD, Theresa Philadelphia
KORVICK, MD, Joyce A Armstrong
KOSCO, MD, George M Jefferson
KOSENKO, MD, Alexander Erie
KOSENSKE, TED D Allegheny
KOSHAR, MD, Mark I Northampton
KOSIEROWSKI, MD, Richard R Bucks
KOST, MD, Kenneth R Armstrong
KOST, MD, Lewis V Dauphin
KOST, MD, Paul F Allegheny
KOST, VIRGINIA L Allegheny
KOSTER, MD, Lee H Westmoreland
KOSTYAL, MD, John L Allegheny
KOTAKIS, MD, John Philadelphia
KOTCH, MD, Michael J Luzerne
KOTLOFF, MD, Leon Philadelphia
KOTTAPALLY, MD, Srinivas M Allegheny
KOTWAL, MD, Homi B Philadelphia
KOTYO, MD, John A Delaware
KOUGH, MD, Robert H Montour
KOUKAL, MD, Ludwig R Lawrence
KOUL, MD, Hira Cambria
KOUNTZ, MD, David S Philadelphia
KOUSEN, MD, Morton York
KOUTCHER, MD, Martin E Philadelphia
KOVACS, MD, Donald J Cumberland
KOVACS, MD, Robert J Lehigh
KOVALSKY, MD, Don A Philadelphia
KOVALSKY, MD, Evan S Philadelphia
KOVALSKY, MD, Kenneth Berks
KOVAR, MD, Charles E Northampton
KOVATCH, MD, Anthony L Allegheny
KOVEN, MD, Norman L Philadelphia
KOWALLIS, MD, George F Allegheny
KOWALSKI, MD, Joseph J Luzerne
KOWALYSHYN, MD, Theodore J Monroe
KOZAR, MD, Brian E Dauphin
KOZART, MD, David M Philadelphia
KOZICKY, MD, Peter W Northampton
KOZIN, MD, William Delaware
KOZINN, MD, Marc J Lancaster
KOZINN, MD, Wesley P Northampton
KOZIUPA, MD, Diana M Bucks
KOZLEK, MD, Thomas F Luzerne
KOZLOWSKI, DO, Maryann Erie
KOZMINSKY, MD, Mark E Clearfield
KRABLIN, MD, Ronald Adams
KRACKOW, MD, Joel A Delaware
KRAEMER, MD, David W Allegheny
KRAF, MD, Anastasia Butler
KRAFCHIN, MD, Ira C Lackawanna
KRAFTOWITZ, MD, Robert E Allegheny
KRAH ASST EXEC, DIR, John G Allegheny
KRAIN, MD, Raymond Delaware
KRAK, MD, Michael Allegheny
KRAK, MD, Michael D Allegheny
KRAKOVITZ, MD, Jay A Philadelphia
KRALJEVIC, MD, Juan E Berks
KRALL, MD, J Thomas Delaware
KRAM, MD, John E Allegheny
KRAMER, MD, David J Philadelphia
KRAMER, MD, Frederick L Philadelphia
KRAMER, MD, John B Delaware
KRAMER, MD, Kenneth Northampton
KRAMER, MD, Mark S Philadelphia
KRAMER, MD, Randall K Berks
KRAMER, MD, Selma Philadelphia
KRAMER, MD, Simon Philadelphia
KRANE, MD, Marvin A Philadelphia
KRANIK, MD, Andrew D Allegheny
KRANTZ, MD, Kathryn E Philadelphia
KRANTZ, MD, Walter J Montgomery
KRANTZLER, MD, Joseph D Montgomery
KRASNOFF, MD, Sidney O Philadelphia
KRATZ, MD, Vernon H Bucks
KRATZER, MD, Glenn S Lehigh
KRATZER, MD, Guy L Lehigh
KRAUS, MD, David R Allegheny
KRAUS, MD, John F Allegheny
KRAUS, MD, Kathryn E Beaver
KRAUS, MD, Richard E York
KRAUS, MD, Theodore J Philadelphia
KRAUSE, MD, Helen F Allegheny
KRAUSE, MD, Marilyn O Philadelphia
KRAUSE, MD, Norman M Allegheny
KRAUSE, MD, Robert E Lackawanna
KRAUSE, MD, Robert L Philadelphia
KRAUSE, MD, Roland L Lancaster
KRAUSE, MD, Seymoure Allegheny
KRAUSS, MD, Jack Philadelphia
KRAUSZ, MD, Kathryn J Northampton
KRAUSZ, MD, Marcos Delaware
KRAUSZ, MD, Martin R Philadelphia
KRAVIS, MD, Lillian P Montgomery
KRAVITZ, MD, Bernard J Montgomery
KRAVITZ, MD, Charles H Philadelphia
KRAVITZ, KEVIN D Students
KRAYBILL, MD, Harold E Lancaster
KRAYBILL, MD, Leon S Lancaster
KRAYER JR, MD, Nicholas H Beaver
KRAYNAK, MD, Joseph C Montgomery
KRAYNICK, MD, Benjamin M Lehigh
KREBS, MD, James A Allegheny
KREBS, MD, Stephen J Cumberland
KREGER, MD, Spencer Cambria
KREGER JR, MD, Oliver J Westmoreland
KREHL, MD, Willard A Philadelphia
KREIDER, MD, Edward E Lebanon
KREIDER, MD, Henry L Lancaster
KREIDER, MD, John W Dauphin
KREIDER, MD, Kathleen A Lancaster
KREINBROOK, MD, Suzanne B Allegheny
KREISER JR, MD, Joseph R Dauphin
KREITHEN, MD, Harold Lehigh
KRELL, MD, Arthur S Cambria
KREMENS, MD, Victor Philadelphia
KREMER, MD, Frederic B Philadelphia
KREMER, MD, Howard U Philadelphia
KREMER JR, MD, Edwin S Erie
KREMSER, MD, Charles A Allegheny
KRENIS, MD, Laurence J Philadelphia
KRENZEL, MD, Archibald R Philadelphia
KRESH, MD, Norman N Allegheny
KRESOCK JR, MD, Frank D Montour
KRESSLER, MD, Robert J Philadelphia
KRETZ, MD, Stewart F Allegheny
KRETZING, MD, Harold G Cumberland
KREULEN, MD, Thomas H Philadelphia
KREVOLIN, DO, Larry E Philadelphia
KREVSKY, MD, Benjamin Philadelphia
KREW, MD, Michael A Allegheny
KRICUN, MD, Morrison E Philadelphia
KRICUN, MD, Robert Lehigh
KRIEBEL, MD, Dorothy E Berks
KRIEBEL, MD, Richard H Bucks
KRIEGER, MD, Benson Philadelphia
KRIEGER, MD, Harry L Northampton
KRIEGER, MD, Steven M York
KRIFCHER, MD, Emanuel Allegheny
KRING, MD, Carroll S Berks
KRING, SUSAN J Students
KRINSKY, MD, Sam Irwin Cambria
KRISANDA, MD, Joseph B Lackawanna
KRISCH, MD, Ronald A Lehigh
KRISHNA, MD, Bhupendra Chester
KRISHNA, MD, Narendra Chester
KRISHNAN, MD, Geeta Columbia
KRISHNAN, MD, Kalyan S Montour
KRISHNAN, MD, R G Allegheny
KRISHNAPPA, MD, Boriah N Westmoreland
KRISHNASWAMI, MD, Subramania Allegheny
KRISHNASWAMI, MD, V Allegheny
KRISSINGER, MD, Robert C Lancaster
KRISTO, MD, Catherine V Delaware
KRISTOFIC, MD, John D Allegheny
KRIVENKO, MD, Charles A Luzerne
KRIVINKO, MD, Dennis M Allegheny
KROEGER, MD, Hilda H Allegheny
KROL, MD, Ronald C Berks
KROLL, MD, Robin Philadelphia
KROMASH, MD, Marvin H Montgomery
KRON, MD, Ira B Blair
KRON, MD, Kenneth M Philadelphia
KRON, MD, Samuel D Philadelphia
KROSER, MD, Albert S Philadelphia
KROSER, MD, Lila S Philadelphia
KROSNICK, JODY A Students
KROSNOFF, MD, Michael Washington
KROSS, MD, Dean E Allegheny
KROSS, MD, Timothy J Allegheny
KROTEC, MD, Joseph W Philadelphia
KROTEC, MD, Joseph W Allegheny
KROUSE, MD, John M Westmoreland
KROUSKOP, MD, Andrew C Allegheny
KRUG, MD, Edgar S Centre
KRUGER, MD, Jonathan P Allegheny
KRUGH, MD, Francis J Allegheny
KRUGH, MD, James W Allegheny
KRUPER, MD, John S York
KRUPSKI, MD, Carol A Allegheny
KRUSEN, MD, David E Lancaster
KRUSZEWSKI, MD, Stefan P Cambria
KRYWICKI, MD, William J Luzerne
KRZYWICKI, MD, Paul L Philadelphia

KUBEK, MD, Kimberly A	Allegheny
KUBER, MD, Matthew E	Philadelphia
KUCER, MD, Kathleen A	Bucks
KUCHAR, MD, John J	Philadelphia
KUCHARCZUK, MD, John B	Lehigh
KUHN, MD, Mark D	Philadelphia
KUHN, MD, Richard H	Erie
KUHNEN, MD, Walter H	Warren
KUHNLEY, MD, Edward J	Centre
KUKLINSKI, MD, Lawrence M	Erie
KUKLINSKI, MD, Louise H	Montgomery
KUKORA, MD, John S	Montgomery
KUKRIKA, MD, Miodrag D	York
KULBASKI, MD, Frank E	Luzerne
KULCZYCKI, MD, Edward	Bradford
KULKARNI, MD, Pradeep K	Cambria
KULLING, MD, David L	Clearfield
KULP, MD, Jeffrey T	Philadelphia
KUMAR, MD, Ashok	Washington
KUMAR, MD, Harinath V	Venango
KUMAR, MD, Prem	Butler
KUMAR, MD, Rakesh	Allegheny
KUMAR, MD, Ravi J	Butler
KUMAR, MD, V Hema	Westmoreland
KUMAR, MD, V Rama	Westmoreland
KUMAR, MD, Vasantha R	Philadelphia
KUMAR, MD, Veerandra	Philadelphia
KUN, MD, Joseph	Allegheny
KUNDA, MD, Gopal D	Westmoreland
KUNDU, MD, Sambhu N	Dauphin
KUNKEL, MD, Barbara K	Dauphin
KUNKEL, MD, George A	Fayette
KUNKEL, MD, George W	Dauphin
KUNKEL, MD, Herbert G	Allegheny
KUNKEL, MD, James V	Allegheny
KUNKEL, MD, Mary E	Fayette
KUNKEL, PAUL A	Students
KUNKEL, MD, W Minster	Dauphin
KUNKEL, MD, William H	Allegheny
KUNSCHNER, MD, Alan J	Allegheny
KUNSCHNER, MD, Albert J	Allegheny
KUNSMAN, MD, William E	Allegheny
KUNZ, MD, Harold G	Lehigh
KUNZ, ROBERT A	Students
KUPERSMITH, MD, Stephen J	Bucks
KUPFER, MD, Samuel	Allegheny
KUPKE, MD, Kenneth M	Allegheny
KUPP, MD, John H	Carbon
KUPREVICH, DO, William J	Columbia
KURELLO, MD, Phillip J	Luzerne
KUREMSKY, MD, Dale A	Allegheny
KUREY, MD, Robert J	Lancaster
KURIAN, MD, Santhamma	Blair
KURIC, KEVIN M	Students
KURTZ, MD, Alfred B	Philadelphia
KURTZ, MD, Charles H	Lancaster
KURTZ, MD, J Stephen	Philadelphia
KURTZ, JAMES W	Students
KURTZ, MD, John E	Allegheny
KURTZ, MD, Michael B	Delaware
KURTZ, MD, Rosa T	Delaware
KURZ, MD, Richard B	York
KURZ, MD, Susan D	York
KUSH, MD, Frank H	Allegheny
KUSH, MD, Margaret B	Allegheny
KUSHNER, MD, Bertrand	Dauphin
KUSHNER, MD, Lois N	York
KUSHNER, DO, Paul G	Montgomery
KUSHNER JR, MD, George	York
KUSIAK, MD, Joseph F	Philadelphia
KUSIAK, MD, Michael	Luzerne
KUSIAK, MD, Victoria M	Philadelphia
KUSKIN, MD, Louis F	Dauphin
KUSSMAUL, MD, William G	Berks
KUTALEK, MD, Steven P	Philadelphia
KUTCH, MD, James D	Wayne/Pike
KUTNEY, MD, Francis G	Delaware
KUTSCHER, MD, Harlan A	Berks
KUTSENKOW, MD, Michael	Allegheny
KUTTY, MD, Ahmed C	Philadelphia
KUTZ, MD, Charles M	Clarion
KUTZ, MD, Eugene R	Bedford
KUZMA, MD, Paul M	Beaver
KWA, MD, Daniel M	Philadelphia
KWA, LINDA A	Allegheny
KWAPIEN, MD, Frederic J	Delaware
KWITKA, MD, George	Crawford
KYLE, MD, G Clayton	Philadelphia
KYNE, MD, Peter J	Allegheny
KYRCZ, MD, Robert W	Philadelphia
KYREAGES, MD, Constantine G	Allegheny
KYRIACOPOULOS, MD, John D	Allegheny

L

LA MANNA, MD, Margaret M	Philadelphia
LABBATE, MD, Victor A	Luzerne
LABE, MD, Alexander	Philadelphia
LABORDA, MD, Oscar E	Delaware
LABORDE, ANDREA T	Students
LABORDE, KAREN L	Allegheny
LABOWSKIE, MD, Eugene M	Montgomery
LABUZ, MD, Eugene F	Luzerne
LACAVARO, MD, Jules A	Delaware
LACE, MD, Thomas E	Westmoreland
LACHMAN, MD, Bernard E	Lehigh
LACHMAN, MD, John W	Philadelphia
LACHMAN, MD, Joseph	Delaware
LACHMAN, MD, Robert J	Montgomery
LACOUTURE, MD, Luis	Allegheny
LACZI, MD, Bartolomeu J	Luzerne
LADANI, MD, Chhaganlal D	Allegheny
LADDA, MD, Roger L	Dauphin
LADDEN, MD, Paul A	Philadelphia
LADENHEIM, MD, Steven E	Philadelphia
LADO, MD, Michael	Schuylkill
LADO, MICHAEL D	Students
LAFOLLETTE, MD, Bruce F	Montour
LAFONTAINE, MD, Mildred H	Philadelphia
LAFONTANT, MD, Raymond F	Philadelphia
LAFONTANT, MD, Robert R	Westmoreland
LAGRIMAS, MD, Fernando C	Northumberland
LAGUNILLA, MD, Juanito L	Montgomery
LAI, MD, Ming-Kuen	Allegheny
LAIGON, MD, Eugene E	Carbon
LAIGON JR, MD, Eugene E	Schuylkill
LAING, MD, John W	Franklin
LAING, MD, Patrick G	Allegheny
LAIRD, MD, Archibald	Tioga
LAKATOS, MD, Nicholas R	Luzerne
LAKDAWALA, MD, Shabbir	Allegheny
LAKOVICS, MD, Magnus	Centre
LAKSHMIN, MD, Murali	Berks
LALLY, MD, Francis L	Allegheny
LALLY, MD, Francis L	Mercer
LALLY, MD, Margaret S	Allegheny
LALLY, MD, Michael E	Allegheny
LALLY, MD, Patrick T	Westmoreland
LALUNA, MD, Francis J	Lackawanna
LAM, MD, Carl A	Lehigh
LAMADE, MD, Charles D	Montour
LAMAN JR, MD, Paul D	Allegheny
LAMANNA, MD, John V	Berks
LAMAS, MD, Carlos C	Allegheny
LAMBERT, MD, Barbara A	Philadelphia
LAMBERT, MD, Kenneth P	Berks
LAMBERT, MD, Robert L	Philadelphia
LAMBERTI, MD, William F	Lackawanna
LAMBERTON, MD, William D	Erie
LAMBERTON, MD, William F	Erie
LAMBERTSEN, MD, Christian J	Philadelphia
LAMBICHI, MD, Marika E	Delaware
LAMBROS, MD, John E	Bucks
LAMBROU, MD, Peter J	Beaver
LAMBSON, MD, David L	Montgomery
LAME, MD, Edwin L	Philadelphia
LAMON, MD, Charles P	York
LAMONTE, MD, Thomas E	Fayette
LAMP, MD, Albert L	Erie
LAMP JR, MD, Clyde B	Allegheny
LAMPE II, MD, William T	York
LAMPERSKI, MD, Curtis R	Allegheny
LAMPERSKI, MD, Lloyd G	Allegheny
LAMSBACK, MD, Edward G	Philadelphia
LAN, MD, Sung-Shu	Indiana
LANCASTER JR, MD, Edward L	Lancaster
LAND, MD, Alfred J	Schuylkill
LANDAU, MD, Leo W	Luzerne
LANDAU, MD, Philip M	Allegheny
LANDAY, MD, Louis H	Allegheny
LANDAY, MD, Ronald A	Allegheny
LANDER, MD, Jeffrey R	York
LANDER, MD, William W	Montgomery
LANDERMAN, MD, Nathaniel S	Allegheny
LANDES, MD, Ray P	Bucks
LANDFAIR, MD, Roy J	Allegheny
LANDFRIED, MD, Matthew J	Erie
LANDIS, MD, Floyd M	Lancaster
LANDIS, MD, Ray L	Wyoming
LANDIS, MD, Richard M	Lancaster
LANDIS, MD, Robert C	York
LANDOLT, MD, Dolores M	Venango
LANDSBERG, MD, Marc A	Philadelphia
LANDY, MD, Jules E	Allegheny
LANE, MD, Charles D	Berks
LANE, MD, Jane L	Montgomery
LANE, MD, John D	Bucks
LANE, MD, John F	Washington
LANE, MD, Richard A	Luzerne
LANE, MD, Sally D	Philadelphia
LANG, MD, Gregory M	Lehigh
LANG, MD, Howard N	Allegheny
LANG, MD, Kathie J	Union
LANG, MD, Nikki	Philadelphia
LANG, MD, Stanley	Jefferson
LANG, MD, Warren R	Philadelphia
LANGAGER, MD, Todd T	Allegheny
LANGAN III, MD, E Lawrence	Delaware
LANGE, MD, John A	Erie
LANGE JR, MD, Paul C	Allegheny
LANGENHEIM, MD, Geosette A	Washington
LANGER, MD, D Morton	York
LANGFELD, MD, Stephen B	Philadelphia
LANGFITT, MD, Thomas W	Philadelphia
LANGFORD, MD, Mark M	Allegheny
LANGOL JR, MD, George	Allegheny
LANGON, MD, James	Schuylkill
LANGSTON, MD, William C	York
LANOCE, MD, Louis F	Philadelphia
LANPHER, MD, Gregory B	York
LANSHE, MD, Harold F	Dauphin
LANSING, MD, Dorothy I	Chester
LANTOS, MD, Raymond J	Cambria
LANTZY, MD, Alan	Allegheny
LANZ, MD, Richard K	Allegheny
LANZ JR, MD, Robert J	Allegheny
LAPAYOWKER, MD, Marc S	Philadelphia
LAPE JR, MD, I Samuel	Lebanon
LAPES, MD, George A	York
LARA, MD, Henry R	Erie
LARACH, MD, David R	Dauphin
LAREAU, MD, Daniel G	Warren
LARGE, MD, Fred D	Washington
LARGE, MD, Hiram S	Northampton
LARGOZA, MD, Naciancenc T	Philadelphia
LARKIN, MD, Francis L	Fayette
LARKIN, JOYCE M	Students
LARKIN, MD, Michael J	Lawrence
LARKIN, MD, Stephen G	Elk/Cameron
LARKIN, MD, Walter J	Lackawanna
LARKIN, MD, William A	Fayette
LARKIN JR, MD, Vincent D	Lackawanna
LARKIN JR, MD, Walter J	Lackawanna
LAROSSA, MD, Donato D	Philadelphia
LARRIEU, MD, Alberto J	Philadelphia
LARSON, CHRISTOPHER E	Allegheny
LARSON, MD, Eleanor	Tioga
LARSON, MD, James H	Crawford
LARSON JR, MD, Theodore S	Lycoming
LARTZ, MD, Robert E	Mercer
LASALVIA, MD, Lucy A	Philadelphia
LASHER, MD, J Donald	Erie
LASHER, MD, Robert L	Erie
LASKA, MD, Edward M	Delaware
LASKAS, MD, John J	Delaware
LASKAS JR, MD, John J	Delaware
LASKIN, MD, Isadore	Philadelphia
LASKY, MD, Melodee S	Lycoming
LATMAN, MD, Stephen F	Berks
LATOFF, MD, Thomas J	Chester
LATOUR, MD, Frantz	Philadelphia
LATOUR, MD, Marie G	Philadelphia
LATSHAW, MD, Robert F	Lancaster
LATTA, RICHARD A	Students
LATTANAND, MD, Saowanee	Delaware
LATTANZI, MD, Daniel R	Allegheny
LATTIMER, MD, Gary L	Lycoming
LATTIN, MD, Gary M	Berks
LATUSKA, MD, Richard F	Allegheny
LATZKO, MD, Paul J	Luzerne
LAUANDOS, MD, Ibrahim E	Bucks
LAUB, MD, Curtis H	Crawford
LAUB, MD, Irene F	Northampton
LAUBACH, MD, George B	Northampton
LAUBACH JR, MD, Charles A	Montour
LAUBY, MD, Vincent W	Philadelphia
LAUCIUS, MD, J Frederick	Philadelphia
LAUCKS, MD, S Philip	York
LAUCKS, MD, Stephen O	York
LAUCKS II, MD, Samuel S	York
LAUDENSLAGER, MD, Elmer C	Bucks
LAUFE, MD, Martin B	Philadelphia
LAUFER, MD, Elizabeth U	Philadelphia
LAUFER, MD, Fred	Lehigh
LAUKAITIS, MD, Ronald B	Lancaster
LAUREANO, MD, Reynaldo E	Butler
LAURY, MD, William L	Philadelphia
LAUTERBACH, MD, Edwin W	Montgomery
LAUTZ, MD, Virginia H	Philadelphia
LAVAN, MD, Donald W	Philadelphia
LAVAY, MD, Donald E	Crawford
LAVER, MD, Arthur T	Delaware
LAVERAN STIEBER, MD, Rudolf F	Philadelphia
LAVERDE, MD, Philip S	Venango
LAVIN, MD, David M	Erie
LAVIN, DO, Edwin	Philadelphia
LAVIN, MD, Morris	Philadelphia
LAVIN-LESKA, MD, Linda S	Bucks
LAWLESS, MD, David F	Cambria
LAWLOR, MD, John M	Philadelphia
LAWLOR, MD, Robert J	Montgomery
LAWRENCE, MD, Gary W	Luzerne
LAWRENCE, MD, James B	Philadelphia
LAWRENCE, MD, John W	Delaware
LAWRENCE, MD, Salvatore A	Lackawanna
LAWSKY, MD, Alan R	Allegheny
LAWSON, MD, Alton L	Allegheny
LAWSON JR, MD, Herman	Dauphin
LAWVENCE, STEVEN J	Students
LAYDEN, MD, Paul W	Erie
LAYMAN, MD, Richard P	Franklin
LAYNE, MD, George S	Bucks
LAYTON, MD, Bradley W	Wayne/Pike
LAZAR, MD, Richard J	Luzerne
LAZARO, MD, Miguela D	Philadelphia
LAZARUS, DO, Ben G	Lancaster
LAZARUS, MD, Gerald S	Philadelphia
LAZO, MD, Alfonso	Franklin
LAZORIK, MD, Francis C	Delaware
LAZZARO, MD, Theodore A	Westmoreland
LE, MD, Danh V	Washington
LE, MD, Loc Kim	Allegheny
LEAL, MD, Gumersindo R	Schuylkill
LEAMAN, MD, David M	Dauphin
LEAMAN, MD, Ivan B	Lancaster
LEAMAN, MD, Phyllis L	Lancaster
LEAR, MD, Benjamin F	Armstrong
LEAR, MD, William L	Indiana
LEARNER, MD, Norman	Philadelphia
LEASE, MD, John R	Luzerne
LEASER, MD, Joseph P	Dauphin
LEAVITT, MD, Herbert M	Northampton
LEBEAU, MD, Jack	Montgomery
LEBED, DO, Joel P	Philadelphia
LEBER, MD, David C	Dauphin
LEBER, MD, Paul E	Lycoming
LEBERMAN, MD, Paul R	Philadelphia
LEBMAN, MD, Ronald I	Philadelphia
LEBO, MD, Arland A	Lancaster
LEBOUITZ, MD, Stanton S	York
LEBOVITZ, MD, Allen E	Allegheny
LEBOVITZ, MD, Charles N	Allegheny
LEBOVITZ, MD, Jerome J	Allegheny
LECHER, MD, Robert C	Delaware
LECHER JR, MD, Wallace O	Delaware
LECHMAN, MD, Michael J	Delaware
LECHNER, MD, Frederic C	Lycoming
LECKS, MD, Harold I	Montgomery
LECKS, MD, Leonard E	Philadelphia
LEDIS, MD, Robert	Philadelphia
LEDIS, MD, Seymour	Bucks
LEE, MD, Bernard L	Philadelphia
LEE, MD, Bong S	Philadelphia
LEE, MD, Chanchi	Bucks
LEE, MD, Charles Y	Delaware
LEE, MD, Chong K	Montour
LEE, MD, Chong S	Northampton
LEE, MD, Chung H	Carbon
LEE, MD, Daniel	Chester
LEE, MD, Edward Y	Lackawanna
LEE, MD, Ferrol J	Bradford
LEE, MD, Foo T	Allegheny
LEE, MD, H C	Northampton
LEE, MD, Henry F	Philadelphia
LEE, MD, Howard G	Chester
LEE, MD, In W	Erie
LEE, MD, James J	Allegheny
LEE, MD, Jangwoo	Schuylkill
LEE, MD, John K	Washington
LEE, MD, Jong Y	Westmoreland
LEE, MD, Jung S	Berks
LEE, MD, Jung-Pil	Berks
LEE, MD, Kenneth K	Huntingdon
LEE, MD, Keun Sang	Allegheny
LEE, MD, Ki B	Luzerne
LEE, MD, Kwan I	Allegheny
LEE, MD, Kwang W	Philadelphia
LEE, MD, Kyung C	Lackawanna
LEE, MD, Martin L	Montour
LEE, MD, Ook J	Allegheny
LEE, MD, Robert E	Allegheny
LEE, MD, Rotan	Philadelphia
LEE, MD, Sang T	Northampton
LEE, MD, Sangeui L	Allegheny
LEE, MD, Stephen E	Allegheny
LEE, MD, Won Y	Schuylkill
LEE, MD, Ying P	Fayette
LEE, MD, Young W	Wayne/Pike
LEE JR, MD, Charles T	Philadelphia
LEE JR, MD, James H	Philadelphia
LEECH, MD, John W	Allegheny
LEEGARD, MD, Robert L	Philadelphia
LEEN, MD, Raymond L	Allegheny
LEET, MD, Thomas E	Lehigh
LEFEVER, MD, Gerald S	Philadelphia
LEFEVER, MD, Robert S	Adams
LEFF, MD, Bernard	Allegheny
LEFKOE, MD, Roy T	Philadelphia
LEFKOE, TODD P	Students
LEFLER, MD, Kenneth D	Cambria
LEFTON, MD, Harvey B	Philadelphia
LEGENDRE, MD, Gerald M	Montgomery
LEGUM, MD, Ronald M	Lancaster
LEHAK, SARAH C	Allegheny
LEHMAN, MD, Clara M	Allegheny
LEHMAN, MD, Clinton J	Luzerne
LEHMAN, DO, Gregory M	Delaware
LEHMAN, MD, Harvey L	Lancaster
LEHMAN, MD, John W	Beaver
LEHMAN, MD, Nelson R	Lancaster
LEHMAN, MD, Ralph A	Dauphin
LEHMAN, MD, Ruby V	Dauphin
LEHMANN, MD, Dale E	York
LEHRER, MD, Lewis	Philadelphia
LEHRER, LUISA E	Students
LEHRICH, MD, Henry E	Lehigh
LEIBOWICH, MD, Shlomo	Philadelphia
LEIBOWITZ, MD, Arthur N	Delaware
LEIBOWITZ, MD, Helen A	Delaware
LEIBOWITZ, MD, Leonard D	Allegheny
LEIBY, MD, David K	Bucks
LEICHT, MD, John P	York
LEICHT, MD, Michael J	Montour
LEIGH, MD, Flora B	Delaware
LEIGH, MD, Rewng	Westmoreland
LEIGHTON, MD, Joseph	Philadelphia
LEIGHTY, MD, Ralph G	Somerset
LEIMAN, MD, Paul M	Lackawanna
LEINBACH JR, MD, Harvey D	Berks
LEINWEBER, MD, Bruce K	Philadelphia
LEIPHART, MD, Clarence D	Lancaster
LEIPOLD, MD, Robert W	Montour
LEIS, MD, Dean J	Dauphin
LEISAWITZ, MD, Elliott G	Berks
LEISAWITZ, MD, Paul A	Berks
LEISE, MD, Eleanor O	Delaware
LEISTER, MD, C Merrill	Lehigh
LEISTER, MD, Howard A	Bucks
LEITEL, MD, Harold L	Jefferson
LEITNER, MD, Kermit L	Dauphin
LEITNER, MD, Stephen J	Delaware
LEKAWA, MD, Thaddeus	York
LEMAN, MD, William W	Delaware
LEMASTERS, DO, Thomas R	Schuylkill
LEMENTOWSKI, MD, Michal	Fayette
LEMERT, MD, Michael R	Chester
LEMOLE, MD, Gerald M	Philadelphia
LEMONCELLI, MD, Gary L	Allegheny
LEMOS, MARK J	Students
LEMPERT, MD, Steven L	Allegheny

LENAHAN, MD, Paul J	Luzerne
LENCHNER, MD, Gregory S	Philadelphia
LENGEL, MD, Gary P	Berks
LENKEY, MD, Joseph L	Allegheny
LENNERT, MD, Joseph B	Northampton
LENOX, MD, Cora C	Allegheny
LENOX, MD, John E	Allegheny
LENOX, MD, Robert J	Bradford
LENTON, MD, Herbert P	Cumberland
LENTZ, MD, Conrad L	Northampton
LENTZ, MD, John W	Philadelphia
LENTZ, MD, Kenneth H	Allegheny
LENTZ, MD, Mark R	Allegheny
LENTZ, MD, Robert E	Lehigh
LENYO, MD, George E	Luzerne
LEON, MD, Donald F	Allegheny
LEONARD, MD, Michael E	Susquehanna
LEONARD JR, MD, Edward C	Philadelphia
LEONE, MD, Guy R	Westmoreland
LEONI, MD, Joseph	Berks
LEONIDA, MD, Elfren L	Westmoreland
LEOPOLD, DO, Norman A	Delaware
LEOPOLD, MD, Robert L	Philadelphia
LEOPOLD JR, MD, A Reid	Mifflin/Juniata
LEPAR, MD, Edwin	Philadelphia
LERBERG, MD, David B	Allegheny
LERNER, GUY M	Allegheny
LERNER, MD, Harvey J	Philadelphia
LERNER, MD, Samuel M	Lehigh
LEROY, MD, N Blair	Montgomery
LERVONE, PAUL N	Allegheny
LESHOCK, MD, Leon E	Carbon
LESLIE, MD, David C	Washington
LESLIE JR, MD, M Russell	Allegheny
LESNIAK, MD, John P	Lackawanna
LESNICK, MD, James E	Philadelphia
LESNOCK, MD, Robert G	Washington
LESSE, MD, S Michael	Northampton
LESSER, GLENN J	Students
LESSIG, MD, Harry J	Philadelphia
LESSIN, MD, Stuart R	Delaware
LESTER, MD, Daniel E	Washington
LESTER, MD, Mark C	Lehigh
LETCHER, MD, John R	Philadelphia
LETO, MD, Francesco	Philadelphia
LETOCHA, MD, Charles E	York
LETWIN, MD, Lee B	Montgomery
LEUCCI, MD, Gino	Philadelphia
LEUKHARDT, MD, Susan L	Allegheny
LEUTE, MD, Millard S	Delaware
LEVAN, MD, John B	Berks
LEVANDOSKI JR, MD, Gerald J	Montour
LEVENBERG, MD, David	Philadelphia
LEVENDORF, MD, Melvin	Allegheny
LEVENSON, MD, Carl	Philadelphia
LEVENTHAL, EDWARD K	Students
LEVEY, MD, Barbara A	Allegheny
LEVEY, MD, Gerald S	Allegheny
LEVICK, MD, Leonard J	Philadelphia
LEVICK, MD, Marvin H	Allegheny
LEVICK, MD, Stanley N	Philadelphia
LEVIN, MD, Andrew J	Philadelphia
LEVIN, MD, Barry L	Philadelphia
LEVIN, MD, Daniel M	Dauphin
LEVIN, MD, Gary J	Chester
LEVIN, MD, Gene D	Bucks
LEVIN, MD, Joseph F	Philadelphia
LEVIN, MD, Michael D	Philadelphia
LEVIN, MD, Morris	Bucks
LEVIN, MD, Norman P	Philadelphia
LEVIN, MD, Richard L	Bucks
LEVIN, MD, Richard M	Lancaster
LEVIN, MD, Ronald M	Philadelphia
LEVIN, MD, Simon	Delaware
LEVINE, MD, Alan P	Berks
LEVINE, MD, Arnold H	Philadelphia
LEVINE, MD, Arthur L	Lehigh
LEVINE, BRUCE D	Allegheny
LEVINE, MD, Charles R	Lehigh
LEVINE, DANIEL B	Allegheny
LEVINE, MD, Jacob	Westmoreland
LEVINE, MD, Macy I	Allegheny
LEVINE, MD, Marc M	Delaware
LEVINE, MD, Mark A	Montour
LEVINE, MD, Phillip R	Allegheny
LEVINE, MD, Samuel	Philadelphia
LEVINE, MD, Sheldon R	Allegheny
LEVINSKY, MD, Walter J	Philadelphia
LEVINSON, MD, Bradley A	Allegheny
LEVINSON, MD, Julian P	Allegheny
LEVINSON, MD, Sander J	Lackawanna
LEVINSON, MD, William D	Westmoreland
LEVIS, MD, Michael P	Allegheny
LEVISON, MD, Sandra P	Philadelphia
LEVIT, MD, Edithe J	Philadelphia
LEVIT, MD, Samuel M	Philadelphia
LEVITSKY, MD, Carl M	Philadelphia
LEVITT, MD, Jerry D	Philadelphia
LEVITT, MD, Lawrence P	Lehigh
LEVY, MD, David J	Erie
LEVY, MD, Edwin J	Delaware
LEVY, MD, Howard A	Philadelphia
LEVY, MD, Jacob J	Lehigh
LEVY, MD, Jeffrey A	Cambria
LEVY, JON A	Allegheny
LEVY, MD, Joseph	Philadelphia
LEVY, MD, Leslie J	Allegheny
LEVY, MD, Marshall S	Allegheny
LEVY, MD, Michael H	Philadelphia
LEVY, MD, Paul F	Berks
LEVY, MD, Reinhardt D	Allegheny
LEVY, MD, Sharon F	Philadelphia
LEVY, MD, William	Philadelphia
LEVY, MD, William K	Montgomery
LEW, MD, Chung M	Beaver
LEWANDOWSKI, THOMAS D	Allegheny
LEWBART, MD, Marvin L	Delaware
LEWIN, MD, Julian R	Allegheny
LEWIN, MD, Karl K	Allegheny
LEWIN, MD, Stanley B	Dauphin
LEWINE, MD, Yale S	Cambria
LEWINN, MD, Laurence R	Montour
LEWIS, MD, Alan E	Philadelphia
LEWIS, MD, Daniel W	Philadelphia
LEWIS, MD, Earl T	Chester
LEWIS, DO, Gary D A	Dauphin
LEWIS, MD, Gary W	Allegheny
LEWIS, MD, Gregory L	Cumberland
LEWIS, MD, Henry C	Westmoreland
LEWIS, MD, Ivor	Northumberland
LEWIS, MD, Kathryn A	Blair
LEWIS, MD, L Clifford	Chester
LEWIS, MD, Maurice J	Dauphin
LEWIS, MD, Mitchell D	Schuylkill
LEWIS, MD, Paul L	Philadelphia
LEWIS, RACHEL E	Students
LEWIS, MD, Richard P	Allegheny
LEWIS, MD, Robert E	Allegheny
LEWIS, MD, Scott B	Chester
LEWIS, MD, Stuart H	Delaware
LEWIS, MD, Thomas J	Washington
LEWIS, MD, Victor D	Philadelphia
LEWIS, MD, William J	Delaware
LEWIS JR, MD, George C	Philadelphia
LEWIS JR, MD, Howard T	Allegheny
LEWIS JR, MD, Thomas J	Allegheny
LEWITT, MD, Michael H	Philadelphia
LEYDECKER, MD, Karen M	Montgomery
LEYDIG, MD, Richard A	Westmoreland
LEYENDECKER, JOHN R	Students
LEYZIN, MD, Mara S	Luzerne
LEZEK, MD, Vincent J	Allegheny
LIACHOWITZ, MD, Claire H	Philadelphia
LIANG, MD, David Y	Allegheny
LIANG, MD, Maria	Allegheny
LIANG, MD, Ping Tchang	Allegheny
LIAW, MD, Michael M T	Philadelphia
LIAW, MD, Wen Haw	Philadelphia
LIBASSI, MARK J	Students
LIBERACE, MD, Ettore V	Delaware
LIBERI, MD, Alfred A	Delaware
LIBERTA, MD, Thomas R	Northampton
LIBUNAO III, MD, Jose P	Venango
LICHTENBERG, MD, Richard A	Delaware
LICHTENSTEIN, MD, Israel	Philadelphia
LICHTENSTEIN, MD, Stephen B	Philadelphia
LICHTER, MD, Isadore A	Allegheny
LICHTER, MD, James G	Allegheny
LICHTMAN, MD, Jeremy O	Delaware
LIDDELL, MD, Albert G	Lycoming
LIDEN, MD, Craig B	Allegheny
LIEBEN, MD, Jan	Philadelphia
LIEBENBERG, MD, Robert E	Philadelphia
LIEBENTRITT, MD, Frank J	Erie
LIEBER, MD, Claude P	Philadelphia
LIEBERMAN, MD, Daniel	Philadelphia
LIEBERMAN, MD, Donald H	Philadelphia
LIEBERMAN, MD, Francis A	Lehigh
LIEBERMAN, MD, Frederick S	Philadelphia
LIEBERMAN, MD, George E	Philadelphia
LIEBERMAN, MD, Lance A	Blair
LIEBERMAN, MD, Richard M	Lehigh
LIEBERMAN, MD, Samuel	Philadelphia
LIEBERMAN JR, MD, Joseph A	Lehigh
LIEBLER, MD, George A	Allegheny
LIEBMAN, MD, Emil P	Philadelphia
LIEBMAN, MD, Irvin M	Bucks
LIEBMAN, MD, Ronald	Philadelphia
LIEF, MD, Harold I	Philadelphia
LIFTON, MD, Lester J	Dauphin
LIGGETT, MD, John S	Allegheny
LIGGETT, MD, Joseph G	Allegheny
LIGHT, MD, Harry G	Northampton
LIGHT, MD, John H	Centre
LIGHT, MD, John J B	Lebanon
LIGHT, MD, Wilma C	Westmoreland
LIGHTFOOT, MD, William P	Philadelphia
LIGNELLI, MD, Gregory J	Berks
LIGUSH JR, JOHN	Students
LIKOFF, MD, William	Philadelphia
LILIK, MD, Kenneth W	Lackawanna
LILLEY, MD, George W	Delaware
LILLI, MD, Elmo J	Monroe
LILLMARS, DO, Steven A	Montour
LIM, MD, Dawson	Allegheny
LIM, MD, Edward T	Fayette
LIM, MD, Heng-Feng	Dauphin
LIM, MD, Lourdes T	Mercer
LIM, MD, Michael K	Lackawanna
LIM, MD, Osmundo U	Delaware
LIM, MD, Rebecca Bello	Bradford
LIM, MD, Young K	Westmoreland
LIMA, MD, Claudio A	Allegheny
LIMBERAKIS, MD, Anthony J	Philadelphia
LIMBERGER, MD, William A	Chester
LIMBERT, MD, Lawrence	Montgomery
LIMCUANDO, MD, Emiliano D	Somerset
LIMKAKENG, MD, Alexander D	Mercer
LIMOGES, MD, Richard F	Philadelphia
LIN, MD, Ching H	Schuylkill
LIN, MD, Luke	Allegheny
LIN, MD, Mei Pu	Schuylkill
LIN, MD, Ming-Shek	Allegheny
LIN, MD, Paul M	Philadelphia
LIN, MD, Pu Ching	Elk/Cameron
LIN, MD, Wu Jan	Elk/Cameron
LIN, MD, Zwu-Shin	Lehigh
LINCOFF, MD, William	Delaware
LINDBLAD, MD, John H	Allegheny
LINDBLAD, MD, Robert W	Philadelphia
LINDEMUTH, MD, Edmund K	Bucks
LINDENBAUM, MD, Jorge	Allegheny
LINDENFELD, MD, Arthur	Lehigh
LINDER, LAWRENCE S	Students
LINDER, MD, Lisa J	Delaware
LINDHOLM, MD, Dale D	Lackawanna
LINDQUIST, MD, John N	Philadelphia
LINDSEY, MD, Richard L	Allegheny
LINDVIG, MD, Kirk P	Montgomery
LINE, MD, Dennis E	Cumberland
LINEVSKY, JOANNE K	Allegheny
LING, MD, Charles C	Schuylkill
LINGANNA, MD, B Y	Lawrence
LINGUITI, MD, Charles	Montour
LINHART, MD, Randolph W	Allegheny
LINN, MD, John L	Warren
LINN JR, MD, Jay G	Allegheny
LINNEMANN, MD, Roger E	Philadelphia
LINTGEN, MD, Arthur B	Montgomery
LINTGEN, MD, Charles I	Philadelphia
LINTZMEYER, MD, Emil A	Delaware
LINVILLE, MD, Terry L	Westmoreland
LIPANA, MD, Oscar N	Westmoreland
LIPAPIS, MD, Christy N	Allegheny
LIPCIUS, MD, Frank	Delaware
LIPKIN, MD, David E	Montgomery
LIPMAN, MD, Bernard L	Philadelphia
LIPMAN, MD, Rodney C	Allegheny
LIPMAN, MD, Sidney P	Erie
LIPPA, MD, Erik A	Philadelphia
LIPPA, MD, Linda S M	Philadelphia
LIPPERT, MD, Louis C	Jefferson
LIPPIN, MD, Richard A	Philadelphia
LIPPMANN, MD, Michael L	Philadelphia
LIPPO, MD, Frank L	Philadelphia
LIPSCHUTZ, MD, Arthur	Philadelphia
LIPSCHUTZ, DO, Jay B	Lehigh
LIPSCHUTZ, MD, Louis B	Philadelphia
LIPSCHUTZ, MD, Steven M	Philadelphia
LIPSENTHAL, MD, Lee	Philadelphia
LIPSHUTZ, MD, Harold	Philadelphia
LIPSHUTZ, MD, William H	Philadelphia
LIPSITZ, MD, H David	Allegheny
LIPSIUS, MD, Edward I	Philadelphia
LIPSON, MD, M Barry	Bucks
LIPSON, MD, Stephen D	Lycoming
LIPTON, MD, Allan	Dauphin
LIPTON, MD, Steven E	Montgomery
LIPUT JR, MD, Joseph H	Beaver
LIS, MD, Edward T	York
LISAN, MD, Philip	Philadelphia
LISAN, MD, Ronald M	Philadelphia
LISBERGER, MD, Mark D	Delaware
LISKA, MD, John R	Westmoreland
LISKER, MD, Sheldon A	Philadelphia
LISOSKIE, MICHELLE D	Students
LISOWITZ, MD, Gerald M	Westmoreland
LISS, DONALD	Students
LISS, MD, Gilbert A	Chester
LISTA, MD, William A	Delaware
LISTWA, DO, Howard M	Lehigh
LIT, JOAN A	Students
LITCHMAN, MD, Joseph F	Luzerne
LITKA, MD, Paul A	Philadelphia
LITRENTA, MD, David E	York
LITSCHER, MD, Larry A	Luzerne
LITT, MD, Lawrence M	Montgomery
LITTLE, MD, Dana W	Allegheny
LITTLE, MD, G Robert	Dauphin
LITTMAN, MD, Solomon I	Delaware
LITTON, MD, Jason J	Dauphin
LITTON, MD, Linda T	Dauphin
LITVIN, MD, Henry	Montgomery
LITWIN, MD, Stephen D	Bradford
LIU, ELLEN A	Students
LIU, MD, Winston T	Philadelphia
LIVECCHI, MD, John T	Lackawanna
LIVELY, MD, Henry S	Bradford
LIVENGOOD, MD, Margaret A	Luzerne
LIVOLSI, MD, Philip D	Philadelphia
LLEWELLYN, MD, William J	Wyoming
LLINAS, MD, Alfredo J	Bradford
LLOYD, MD, David A	Allegheny
LLOYD, MD, Edgar C	Berks
LLOYD, MD, Gerald R	Erie
LLOYD, MD, Jon C	Allegheny
LOBAS, MD, David M	Allegheny
LOBEL, MD, Jeffrey S	Montour
LOBES JR, MD, Louis A	Allegheny
LOBITZ, MD, Stanley A	Luzerne
LOBL, MD, Lawrence T	Allegheny
LOCHHEAD, MD, Harrie B	Philadelphia
LOCKARD JR, JOHN W	Students
LOCKE, MD, David L	Allegheny
LOCKE, MD, Harry R	Montgomery
LOCKEY III, MD, Stephen D	Lancaster
LOCKMAN, MD, Bruce E	Philadelphia
LODER, DO, Donald I	Berks
LODGE, DO, William H	Dauphin
LODISE, MD, Raymond J	Philadelphia
LOEB, MD, Robert L	Erie
LOEB, MD, Roland A	Lancaster
LOEFFLER JR, MD, John G	Cumberland
LOEPER, MD, Donald J	Berks
LOEV, MD, Marvin	Bucks
LOEW, MD, Clifford G	Philadelphia
LOEWENBERG, MD, Leopold S	Philadelphia
LOFARO, MD, Salvatore A	Delaware
LOFTON, JULIE A	Students
LOFTUS, MD, Joseph A	Luzerne
LOFTUS, MD, Thomas A	Philadelphia
LOFTUS, MD, Thomas M	Philadelphia
LOGAN, ANNE D	Allegheny
LOGAN, MD, Kenneth M	Allegheny
LOGAN, MD, Lewis P	Clinton
LOGAN, MD, Thomas M	Philadelphia
LOGSDON, MD, Gregory A	Allegheny
LOGUE, MD, James G	Philadelphia
LOH, MD, Charles K	Cumberland
LOHIER, MD, Raymond	Philadelphia
LOHMANN, MD, Albert E	Berks
LOIS III, DO, John P	Franklin
LOK, MD, Mai Pai	Schuylkill
LOLLEY, MD, David M	Allegheny
LOMAX JR, MD, Walter P	Philadelphia
LOMBARD, MD, Michael F	Luzerne
LOMBARD, MD, Robert M	Lancaster
LOMBOY, MD, Norma T	Lehigh
LOMIBAO, MD, Eduardo C	Northampton
LONDON, MD, Gladys Z	Delaware
LONDON, MD, Philip	Philadelphia
LONDON, MD, Richard L	Lehigh
LONDON, MD, W Thomas	Philadelphia
LONERGAN, MD, Robert P	Dauphin
LONG, MD, David A	Dauphin
LONG, MD, David M	Allegheny
LONG, MD, Edwin T	Allegheny
LONG, MD, Elmer C	Lehigh
LONG, GREGORY S	Allegheny
LONG, MD, J Stephen	York
LONG, MD, Joseph P	Cumberland
LONG, MD, Kathleen B	Montgomery
LONG, MD, Paul R	Luzerne
LONG, MD, Richard A	Washington
LONG, MD, Robert D	Union
LONG, MD, Theodore K	Lebanon
LONG JR, MD, Herbert C	Indiana
LONG JR, MD, William C	Clinton
LONG SR, MD, William L	Philadelphia
LONGABAUGH, MD, Edward E	Allegheny
LONGACRE, MD, Jane M	Montgomery
LONGARINI, MD, Amilcar E	Schuylkill
LONGENBACH, MD, Eric W	Lycoming
LONGENDERFER, MD, Roger L	Lancaster
LONGENECKER, MD, Benjamin E	Berks
LONGENECKER, MD, Roger N	Berks
LONGENHAGEN, MD, John B	Lehigh
LONGWELL, MD, Robert H	Lancaster
LONGWELL JR, MD, Benton E	Cambria
LONSDORF, MD, Richard G	Philadelphia
LOOMIS, MD, James W	Lackawanna
LOPATIN, MD, Mark A	Philadelphia
LOPEZ, MD, Aisa G	Philadelphia
LOPEZ, BERNARD L	Students
LOPEZ, MD, Frank	Chester
LOPEZ, MD, Frank W	Dauphin
LOPEZ, MD, Rafael H	Philadelphia
LOPEZ, MD, Ubaldo P	Montour
LOPONTE, MD, Marie A	Philadelphia
LOPUSNIAK, MD, Mieczyslaw S	Delaware
LORAH, MD, Kevin N	Montour
LORBER, MD, Stanley H	Philadelphia
LORD, MD, Brian	Philadelphia
LORD, MD, Kenneth J	Erie
LORD, MD, William H	Berks
LORENTZ, MD, Gerald T	Franklin
LORENZ, MD, Howard	Philadelphia
LORENZ III, MD, Stephen A	Allegheny
LORENZO, MD, Frederick V	Adams
LORENZO, MD, Nicholas F	Jefferson
LORICO, MD, Abegael N	Philadelphia
LORRY, MD, Ralph W	Philadelphia
LOSASSO, MD, Dominic E	Armstrong
LOTKE, MD, Paul A	Philadelphia
LOTTICK, MD, Edward A	Luzerne
LOTZ, MD, Andrew J	Chester
LOUCKS, MD, James H	Philadelphia
LOUDEN, MD, Mark S	Dauphin
LOUGHEAD JR, MD, John R	Berks
LOUGHLIN, MD, Richard R	Montgomery
LOUIS-CHARLES, MD, Roy	Philadelphia
LOUKA, MD, Mounir H	Philadelphia
LOUX, MD, Norman L	Bucks
LOVE, MD, Carol A	Philadelphia
LOVE, KARL F	Allegheny
LOVE, MD, Michael B	Philadelphia
LOVE, MD, Stephen C	Butler
LOVE, MD, Willard H	Dauphin
LOVECCHIO, MD, Francis A	Monroe
LOVELAND, MD, Mary W	Philadelphia
LOVELL, MD, Donald R	Blair
LOVERANES, MD, Mariano D	Erie
LOVETTE, MD, John B	Cambria
LOVRINIC, MD, Daniel F	Luzerne
LOVRINIC, MD, William S	Chester
LOW, MD, Diong O	Philadelphia
LOW, MD, Thomas H	Northampton

LOWDER JR, MD, Ralph J	Allegheny
LOWE, MD, David A	Philadelphia
LOWE, MD, Raymond E	Warren
LOWE, MD, Stephen J	Philadelphia
LOWELL, MD, Fred M	Lancaster
LOWERY, MD, Willa D	Allegheny
LOWMAN, MD, Gerald F	Northampton
LOWRY, MD, Don A	Cambria
LOWRY, MD, Donald J	Dauphin
LOWRY, MD, Louis D	Philadelphia
LOWRY, MD, R Tempest	Berks
LOWY JR, MD, Alexander D	Allegheny
LOYCHIK, MD, Sandra G	Blair
LOZANO, MD, Ramon G	Allegheny
LU, MD, Luis W	Elk/Cameron
LU, MD, Milton M	Lancaster
LU, MD, Ta Shung	Bradford
LUBAHN, MD, John D	Erie
LUBBE, MD, Willem J	Lycoming
LUBIC, MD, Lowell G	Allegheny
LUBIN, MD, Joseph D	Philadelphia
LUBIZKA, MD, Alexandria	Philadelphia
LUBOW, MD, Harry	Westmoreland
LUBOWITZ, MD, Richard M	Montgomery
LUCAS, MD, Irene D	Luzerne
LUCAS, MD, R Dubois	Philadelphia
LUCCA, MD, Michael	Philadelphia
LUCCHINO, MD, David B	Luzerne
LUCENA, MD, Aurora L	Delaware
LUCENA, MD, Ernesto E	Delaware
LUCHACO, MD, Anne L	Philadelphia
LUCHETTE, MD, Albert A	Mercer
LUCIER, MD, Alfred C	Delaware
LUCINE JR, MD, Albert A	Chester
LUDIVICO, MD, Charles L	Northampton
LUDKIEWICZ, MD, Wayne S	Beaver
LUDMER, MD, Mario	Allegheny
LUDOLPH, MD, Carol A	Philadelphia
LUDWICK, MD, David J	Montgomery
LUDWIG, MD, Jacob S	York
LUDWIG, MD, Karl D	Allegheny
LUFT, MD, William C	Bradford
LUGUE, MD, Carmela S	Clearfield
LUGUE JR, MD, Amado B	Clearfield
LUISTRO, MD, Patria D	Philadelphia
LUKAS, MD, Raymond A	Lycoming
LUKASZCZYK, MD, Thomas A	Northampton
LUKETICH, JAMES D	Students
LUMB, MD, George D	Philadelphia
LUMINAIS, MD, Steven K	Chester
LUMISH, MD, Robert M	Allegheny
LUNA, MD, Fredesvinda	Clearfield
LUNA, MD, Roberto S	Clearfield
LUND, MD, Peere C	Cambria
LUNDIE, MD, William M	Westmoreland
LUNDY, MD, Barbara S	Montgomery
LUNDY, MD, Theodore	Philadelphia
LUNG, MD, Richard J	Luzerne
LUNSFORD, MD, Lawrence D	Allegheny
LUONGO, MD, Joseph C	Delaware
LUONGO, PETER A	Students
LUONGO JR, MD, Romeo A	Philadelphia
LUPARELLO, MD, Frank J	Allegheny
LUPARIELLO, MD, Angelo D	Allegheny
LUPIN, MD, Gordon W	Montgomery
LUPINETTI, MD, Michael F	Allegheny
LUPO, DO, Stephen F	Erie
LURIE, MD, Abraham A	Montgomery
LUSCH, MD, Charles J	Berks
LUSCOMBE, MD, Herbert A	Philadelphia
LUSSER, MD, Martha A	Lehigh
LUSTBADER, MD, Michael L	Beaver
LUTHER, MD, Robert J	Cambria
LUTHRA, MD, Damyanti	Westmoreland
LUTHRA, MD, Manmohan S	Westmoreland
LUTMAN, MD, Frank C	Philadelphia
LUTTERMOSER, MD, Gary K	Dauphin
LUTZ, MD, Harold E	Indiana
LUTZ, MD, Raymond J	Lehigh
LUTZ, MD, Ronald A	Lehigh
LUTZ JR, MD, Roland B	Montgomery
LUYCKX, BENOIT A	Allegheny
LYCHAK, MD, John C	Northampton
LYET, MD, J Paul	Lancaster
LYKENS, MD, Harry D	Centre
LYNCH, MD, Christopher G	Lehigh
LYNCH, MD, David A	Blair
LYNCH, MD, J Edward	Philadelphia
LYNCH, MD, James D	Berks
LYNCH, MD, James J	Philadelphia
LYNCH, MD, James R	Westmoreland
LYNCH, MD, Mary A	Philadelphia
LYNCH, MD, Robert E	Chester
LYNCH, DO, William J	Clarion
LYND JR, MD, Clifford W	York
LYNESS, MD, Samuel S	Montgomery
LYNN, MD, Charles A	Butler
LYNN, MD, Richard E	Westmoreland
LYON, MD, Edward	Lycoming
LYON, MD, William R	York
LYON-LOFTUS, MD, Diana J	Franklin
LYON-LOFTUS, MD, Gregory T	Franklin
LYONS, MD, Clifford H	Berks
LYONS, MD, Daniel C	Berks
LYONS, MD, Gary W	Erie
LYONS, MD, John C	Erie
LYONS, MD, Lawrence L	Allegheny
LYONS, MD, Ralph	Schuylkill
LYONS, MD, Richard C	Erie
LYONS, MD, Thomas A	Allegheny
LYONS, MD, Wilbert A	Bucks
LYONS JR, MD, John W	Philadelphia
LYTER, MD, David W	Allegheny
LYTLE, MD, Glenn H	Franklin
LYTLE, MD, Larry H	Clinton

M

MAAS, MD, Anthony E	Dauphin
MACARANAS, MD, Renato R	Clearfield
MACARIN, MD, Richard M	Lackawanna
MACCHIAROLI, JOSEPH A	Allegheny
MACDONALD, MD, Douglas A	Allegheny
MACDONALD, MD, George F	Allegheny
MACDONALD, MD, Robert R	Allegheny
MACDOUGALL, MD, Donald B	Allegheny
MACDOUGALL, MD, Howard H	York
MACDOUGALL, MD, Robert D	York
MACEK, MD, Ralph C	Blair
MACFADYEN, MD, Bruce V	Philadelphia
MACHADO, ANAPAULA R	Students
MACHAJ, MD, Theodore S	Allegheny
MACHANIC, MD, Harmon J	Lycoming
MACHIKO, MD, Gregory G	Allegheny
MACHIRAJU, MD, V R	Allegheny
MACHT JR, MD, Elmer L	Philadelphia
MACK, MD, Diana	Allegheny
MACKALL, MD, Samuel J	Luzerne
MACKAY, MD, Bruce R	Bradford
MACKELL, MD, James V	Philadelphia
MACKELL, MD, Thomas E	Bucks
MACKELL JR, MD, James V	Philadelphia
MACKENZIE, MD, Charles E	Warren
MACKENZIE, MD, Iain L	York
MACKENZIE, MD, Norman D	Chester
MACKEY JR, MD, James G	Montgomery
MACKIE, MD, Julius A	Philadelphia
MACKINNEY, MD, Charles C	Philadelphia
MACKLER, MD, Gerald L	Bradford
MACKRELL, MD, James J	Lackawanna
MACKRELL, MD, William P	Lackawanna
MACLACHLAN, MD, William W	Erie
MACLAREN, GEORGE A	Students
MACLAY, MD, Patricia L	Allegheny
MACLEAN, MD, Duncan S	Dauphin
MACLEOD, MD, Gordon K	Allegheny
MACMILLAN, MD, Bruce B	Allegheny
MACMORAN, MD, Jay W	Philadelphia
MACMURTRIE, MD, William J	Delaware
MACPHAIL, MD, John A	Westmoreland
MACUT, MD, S Sava	Dauphin
MACVAUGH III, MD, Horace	Philadelphia
MACY, MD, Charles T	Montgomery
MADAN-RAO, MD, Vijay	Philadelphia
MADDEN, MD, Francis P	Bucks
MADDEN, MD, James J	Montgomery
MADDEN, MD, Kevin G	Lackawanna
MADDEN, LAWRENCE D	Allegheny
MADDEN, MARIAN A	Allegheny
MADDER, DO, Robert D	Beaver
MADDREY, MD, Willis C	Philadelphia
MADHAVAN, MD, Vasantha C	Allegheny
MADIANOS, MD, Michael	Philadelphia
MADOFF, MD, Henry R	Allegheny
MADONNA, MD, Harry M	Philadelphia
MADONNA, MD, John J	Lehigh
MADOW, MD, Leo	Philadelphia
MADURA, MD, Joseph R	Mercer
MAERZ, MD, John C	Montgomery
MAFFEO, MD, Alphonse A	Lehigh
MAGARGAL, MD, Helga O	Philadelphia
MAGARGAL, MD, Larry E	Philadelphia
MAGARGLE, MD, R Lynn	Dauphin
MAGBOJOS, MD, Quirico R	Franklin
MAGBOJOS, MD, Zenaida V	Franklin
MAGEE, MD, John G	Philadelphia
MAGEE, MD, Joni	Philadelphia
MAGEE, MD, Richard S	Blair
MAGGITTI, MD, Michael J	Chester
MAGID, MD, Warren P	York
MAGILL, MD, Richard M	Dauphin
MAGILL, MD, William H	Perry
MAGILL III, MD, John T	Union
MAGILNER, MD, Arthur D	Philadelphia
MAGILNER, MD, Louis	Philadelphia
MAGLEY, MD, Robert C	Cambria
MAGLEY, MD, Robert S	Cambria
MAGNANI, MD, Thomas J	Centre
MAGNESS, MD, Rose L	Montgomery
MAGNUSSON, MD, Mark R	Philadelphia
MAGOVERN, MD, George J	Allegheny
MAGOVERN JR, MD, George J	Allegheny
MAGRAN, MD, Leonardo	Philadelphia
MAGUIRE, DO, F William	Chester
MAGUIRE, MD, Joseph I	Delaware
MAGUIRE, MD, Leo J	Delaware
MAGUIRE, MD, Randall F	Philadelphia
MAGUIRE JR, MD, Henry C	Philadelphia
MAGUIRE-LITCHMAN, MD, Maureen R	Luzerne
MAHA, MD, George E	Philadelphia
MAHA JR, ROBERT J	Allegheny
MAHALINGAPPA, MD, C	Westmoreland
MAHAN, MD, James C	Allegheny
MAHAN, MD, John P	Bucks
MAHBOUBI, MD, Riaz	Bucks
MAHER, MD, John C	Allegheny
MAHER, MD, John P	Chester
MAHER, MD, Regis M	Fayette
MAHER, MD, Yvonne B	Allegheny
MAHER JR, MD, Thomas D	Allegheny
MAHMOOD, MD, Edna Z	Berks
MAHMUD, MD, Faruq	Montour
MAHON, MD, Marilyn S	Dauphin
MAHON, MD, Wilmer B	Dauphin
MAHON JR, MD, Frank B	Bradford
MAHOOD, MD, William H	Montgomery
MAHSOOB, MD, Abdul Hamed	Allegheny
MAIATICO, MD, Marc A	Philadelphia
MAIDA, MD, Frank V	Westmoreland
MAIER, MD, Willis P	Philadelphia
MAIGUR, MD, William S	Lackawanna
MAINGI, MD, Naresh S	Dauphin
MAINZER, MD, Francis K	Erie
MAINZER, MD, Francis S	Huntingdon
MAINZER, MD, Thomas R	Huntingdon
MAIORANA, MD, S Leroy	Berks
MAISEL, MD, Wilfred	Northampton
MAISELS, MD, M Jeffrey	Dauphin
MAISH JR, MD, George O	Northampton
MAITIN, MD, Ellen C	Montgomery
MAITLAND, MD, Leah A	Adams
MAIVALD, MD, Pavel	Allegheny
MAJDAN, MD, Joseph F	Philadelphia
MAJERONI, MD, Barbara A	Erie
MAJESKI, MD, Joseph T	Lackawanna
MAJEWSKI, MD, Jerzy	Armstrong
MAJID, MD, Nasira Y	Montgomery
MAJOR, MD, David A	Philadelphia
MAKAROWSKI, MD, William S	Erie
MAKARY, MD, Adel Z	Montour
MAKDAD, MD, Ameene G	Westmoreland
MAKHDOMI, MD, A Rashid	Northampton
MAKHIJA, MD, Kailash R	Carbon
MAKLER, MD, Jacob S	Philadelphia
MAKLER, MD, P Todd	Philadelphia
MAKNOON, MD, Ali A	Venango
MAKOUS, MD, Norman	Philadelphia
MAKSIMAK, MD, Janis F	Montour
MAKSIMAK, MD, Martin	Montour
MAKWANA, MD, Girish N	Cambria
MALAMUT, MD, Jay M	Philadelphia
MALCOLM, MD, Donald C	Huntingdon
MALCOLM, MD, John A	Allegheny
MALCOLM JR, MD, John A	Union
MALDONADO, MD, Benjamin A	Clearfield
MALDONADO, MD, Lisa M	Philadelphia
MALEK, MD, Mansour	Philadelphia
MALEY, MD, Edward D	Lancaster
MALEY, MD, Richard H	Allegheny
MALHOTRA, MD, Narinder K	Allegheny
MALHOTRA, MD, Rajeshwar P	Mifflin/Juniata
MALHOTRA, MD, Shashpal	Mifflin/Juniata
MALICK, MD, Donald V	Schuylkill
MALICK, MD, Gerald P	Berks
MALIK, MD, Hussain G	Monroe
MALIK, MD, Khalid M	Armstrong
MALIK, MD, Maqsood A	Schuylkill
MALIK, MD, Mohammed A	Lehigh
MALIK, MD, Rajat P	Jefferson
MALIN, MD, Thomas H	Dauphin
MALINIAK, MD, Keith K	Dauphin
MALINOWSKI, MD, John A	Allegheny
MALISHAUCKI, MD, Mary G	Schuylkill
MALISHAUCKI, MD, Thomas J	Schuylkill
MALIT, MD, Fiorello G	Allegheny
MALIT, MD, Lee A	Montgomery
MALIT, MD, Paulita Y	Allegheny
MALIVER, MD, Deborah S	Indiana
MALIVER, MD, Leonard E	Indiana
MALJOVEC, MD, Joseph J	Erie
MALKIN, MD, Alan G	Philadelphia
MALKIN, MD, Richard L	Philadelphia
MALL, MD, Albert K	Cambria
MALLIN, MD, Richard K	Montgomery
MALLIN, MD, William S	Philadelphia
MALLINGER, MD, Michael	Allegheny
MALLINGER, MD, Samuel H	Beaver
MALLIT, MD, Melvin L	Allegheny
MALLOTT, MD, I Floyd	Allegheny
MALLOTT, MD, Stephen J	Westmoreland
MALLOY, MD, Edward L	Allegheny
MALLOY, MD, Edwin S	Lackawanna
MALLOY, MD, Terrence R	Philadelphia
MALMUD, MD, Leon S	Philadelphia
MALOLES JR, MD, Orlando Z	Delaware
MALONE, MD, Mary I	Montgomery
MALONE, MD, Roberta S	Montgomery
MALONE, MD, William J	Venango
MALONEY, MD, Donald W	Montgomery
MALONEY, MD, Richard W	Erie
MALSCH, MD, Evamarie	Philadelphia
MALVAR, MD, Thomas Q	Lawrence
MAMAN, MD, Robert	Montgomery
MAMBU, MD, Joseph F	Montgomery
MAMO, MD, George E	Westmoreland
MAMOURIAN, MD, Alexander C	Dauphin
MAMULA, MD, Milton	Allegheny
MANASSE, MD, Howard S	Erie
MANCALL, MD, Elliott L	Philadelphia
MANCHESTER, MD, George A	Lycoming
MANCIA, MD, Bonita M	Luzerne
MANCINI, MD, Alfred M	Allegheny
MANCINO, MD, Peter J	Lawrence
MANDAL, MD, Sanat K	Philadelphia
MANDARINO, MD, Michael J	Philadelphia
MANDEL, MD, Martin M	Philadelphia
MANDEL, MD, Richard J	Philadelphia
MANDEL, MD, Robert J	Dauphin
MANDEL, MD, Samuel	Philadelphia
MANDEL, MD, Steven	Philadelphia
MANDELKORN, MD, Robert M	Allegheny
MANDELL, MD, Gerald A	Chester
MANDELL, MD, Morton S	Philadelphia
MANDERS, MD, Ernest K	Dauphin
MANDETTA, MD, Donald F	Centre
MANDLER, MD, John I	Montgomery
MANGAN, MD, Thomas F	Montour
MANGANARO, MD, Kimberly J	Mifflin/Juniata
MANGANIELLO, MD, Charles M	Luzerne
MANGES, MD, John P	Franklin
MANGES, MD, W Bosley	Philadelphia
MANGO, MD, Albert E	Erie
MANI, MD, Shobha T	Philadelphia
MANIGLIA, MD, Angelo J	Blair
MANIGLIA, MD, Anthony J	Blair
MANIGLIA, MD, Rosario	Dauphin
MANKIN, KEITH P	Allegheny
MANKO, MD, Michael A	Montgomery
MANKOVICH, MD, Paul A	Westmoreland
MANLEY, MD, Charles R	Susquehanna
MANLEY, MD, Donelson R	Philadelphia
MANLEY, MD, John G	Philadelphia
MANLOVE, MD, Francis R	Philadelphia
MANN, MD, Arthur F	Montgomery
MANN, MD, Douglas G	Delaware
MANN, MD, Irving A	Delaware
MANN, MD, Lowell D	Lancaster
MANN, MD, Richard H	Lancaster
MANN, MD, Richard M	Allegheny
MANN, MD, Robert J	Montgomery
MANN JR, MD, William M	Warren
MANNING, MD, Dennis M	Allegheny
MANNING, MD, Harry L	Lycoming
MANNING, MD, James A	Allegheny
MANNING, MD, Russell G	Jefferson
MANNINO, MD, Stanley C	Allegheny
MANOS, MD, John E	Somerset
MANRIQUE, MD, Jose V	Luzerne
MANSELL, MD, John L	Lawrence
MANSFIELD, MD, Carl M	Philadelphia
MANSFIELD, MD, Paul F	Philadelphia
MANSTEIN, MD, Carl H	Philadelphia
MANSTEIN, MD, George	Philadelphia
MANSTEIN, MD, Mark E	Philadelphia
MANSURE, MD, Frank T	Delaware
MANSURE, MD, Patricia R	Delaware
MANTIA, MD, August M	Allegheny
MANTICA, MD, Robert P	Beaver
MANUBAY, MD, Marcelo A	Berks
MANUEL, MD, Laureano M	Columbia
MANUS, MD, Nathan	Philadelphia
MANZ, MD, Donald J	Montgomery
MANZELLA, MD, John P	York
MANZETTI, MD, Gene W	Allegheny
MANZIONE, MD, Marc	Montgomery
MAPP, MD, Esmond M	Philadelphia
MAQUERA, MD, Andres G	Lehigh
MARABLE, SHARON L	Students
MARAKOWSKI, DO, James J	Perry
MARAN, MD, Andrew H	Philadelphia
MARASCO JR, MD, Joseph A	Allegheny
MARATTA, MD, Jan W	Allegheny
MARAVALLI, MD, Camille J	Cambria
MARBACH, MD, A Herbert	Philadelphia
MARCELLA, MD, Lawrence C	Lawrence
MARCELO, MD, Flordeliza S	Philadelphia
MARCH, MD, Herman C	Montgomery
MARCH, MD, Noreen M	Delaware
MARCHAND, MD, Patrice M	Philadelphia
MARCHANT, MD, Deforrest W	Montgomery
MARCHETTO, BARRY E	Allegheny
MARCHETTO, MD, Paul A	Philadelphia
MARCINCIN, MD, Robert P	Northampton
MARCOLINA, MD, Susan T	Philadelphia
MARCONIS, MD, Joseph T	Schuylkill
MARCOS, MD, Cecilia S	Philadelphia
MARCUCCI, MD, James W	Allegheny
MARCUS, MD, Donald K	Philadelphia
MARCUS, MD, Florence L	Allegheny
MARCUS, MD, Gary J	Beaver
MARCUS, MD, Jerome I	Berks
MARCY, MD, Joseph H	Allegheny
MARDEN, MD, Philip A	Philadelphia
MARFATIA, MD, Sudhir K	Bucks
MARFATIA, MD, Usha S	Bucks
MARGARIDA, MD, Leopoldo E	Montgomery
MARGATE, MD, Pedro R	Philadelphia
MARGIE JR, MD, Walter E	Northampton
MARGOLES, MD, Louis	Philadelphia
MARGOLIS, MD, Bernard	Philadelphia
MARGOLIS, MD, Bernard M	Dauphin
MARGOLIS, MD, Harry M	Allegheny
MARGOLIS, MD, Stephen H	Philadelphia
MARGUGLIO, DO, A Eugene	Clarion
MARGULIES, MD, Milton	Delaware
MARI-MAYANS, MD, Juan B	Cambria
MARIANI, MD, Peter J	Philadelphia
MARIANI, MD, Stephen S	Lackawanna
MARIANO JR, MD, Benedicto P	Westmoreland
MARIANO JR, MD, Tomas A	Lycoming
MARIGLIO JR, MD, Joseph A	Berks
MARINARI, MD, Lawrence A	Montgomery
MARINER, MD, David R	Luzerne
MARINO, MD, Daniel J	Delaware
MARINO, MD, Frederick E	Beaver
MARINO, MD, Joseph N	Lackawanna
MARINO, MD, Joseph V	Bradford
MARION, MD, Roy H	Beaver
MARIS, MD, Elizabeth P	Philadelphia
MARK, MD, George E	Philadelphia

MARK, MD, William S	Chester
MARKARIAN, MD, Michael	Susquehanna
MARKER, BRENDA L	Allegheny
MARKLEY, MD, Ralph	Lawrence
MARKMANN, MD, William J	Philadelphia
MARKOE, MD, Arnold M	Philadelphia
MARKOFF, MD, Joseph I	Philadelphia
MARKOFF, MD, Michael S	Blair
MARKOSI JR, MD, Charles	Monroe
MARKOW, MD, Harry G	Philadelphia
MARKS, DO, Burton	Lebanon
MARKS, MD, Fred S	Allegheny
MARKS, MD, Gerald	Philadelphia
MARKS, MD, Meyer A	Philadelphia
MARKS, MD, Pauline C	Allegheny
MARKS, MD, Stanley M	Allegheny
MARKS, MD, Victor J	Montour
MARKS-BRECK, MD, Sara	Philadelphia
MARKSON, MD, Victor I	Beaver
MARLOWE, MD, Frank I	Philadelphia
MARLOWE, SCOTT D	Students
MARMAR, MD, Earl C	Philadelphia
MARMO, MD, Theodore	Lackawanna
MARNATTI, MD, Carl T	Allegheny
MARON, MD, John J	Montgomery
MARON, MD, Norman L	Northampton
MARONE, MD, Phillip J	Philadelphia
MAROON, MD, Joseph C	Allegheny
MAROUN, MD, William J	Carbon
MARQUEZ, MD, P Alfonso	Fayette
MARRANGONI, MD, Albert G	Allegheny
MARRONE, MD, Michael S	Lebanon
MARRONE, MD, R Thomas	Montgomery
MARRYSHOW, MD, Basil A	Allegheny
MARSDEN, JENNIFER S	Allegheny
MARSH, MD, Carol L	Chester
MARSH, MD, Robert J	Erie
MARSH, MD, William E	Westmoreland
MARSHALL, MD, David S	Schuylkill
MARSHALL, MD, E Wayne	Philadelphia
MARSHALL, MD, Helen L	Schuylkill
MARSHALL, MD, Jack H	Erie
MARSHALL, MD, Jane M	Venango
MARSHALL, MD, John E	Berks
MARSHALL, MD, John S	Beaver
MARSHALL, MD, Kenneth A	Allegheny
MARSHALL, MD, Linda R	Chester
MARSHALL, DO, Lonnie L	Allegheny
MARSHALL, MD, William C	Allegheny
MARSHALL JR, MD, George D	Philadelphia
MARSHALL JR, MD, Matthew	Allegheny
MARTE, MD, Egon	Dauphin
MARTELLA JR, MD, Arthur	Montgomery
MARTHOUSE, MD, Stephen J	Mifflin/Juniata
MARTIN, MD, Arthur E	Lancaster
MARTIN, MD, C Edwin	York
MARTIN, MD, Charles D	Allegheny
MARTIN, MD, Clarence H	Philadelphia
MARTIN, MD, Donald E	Lebanon
MARTIN, DO, Elvin L	Somerset
MARTIN, MD, Enos D	Dauphin
MARTIN, MD, Frederick H	Lehigh
MARTIN, MD, Fredric W	Allegheny
MARTIN, MD, Gerald B	Cumberland
MARTIN, MD, Horace F	Adams
MARTIN, MD, J Campbell	Columbia
MARTIN, MD, J Scott	Montour
MARTIN, MD, James S	Lancaster
MARTIN, MD, James W	Crawford
MARTIN, MD, James W	Allegheny
MARTIN, MD, John H	Philadelphia
MARTIN, MD, Lawrence F	Greene
MARTIN, MD, Linda D	Philadelphia
MARTIN, MD, Louis F	Dauphin
MARTIN, MD, Manuel T	Allegheny
MARTIN, MD, Martina M	Montgomery
MARTIN, MD, Melanie C	Montgomery
MARTIN, MD, Richard A	Montour
MARTIN, MD, Thomas G	Dauphin
MARTIN, MD, Thomas J	Montour
MARTIN, MD, Thomas J	Northampton
MARTIN, MD, Thomas J	Philadelphia
MARTIN JR, MD, John B	Washington
MARTIN JR, MD, Philip R	Monroe
MARTINA, DO, Peter A	Washington
MARTINEZ, MD, Augusto J	Allegheny
MARTINEZ, MD, Jess M	Washington
MARTINEZ, MD, Zeferino	Berks
MARTINEZ-HERNANDEZ, MD, Antonio	Philadelphia
MARTINEZ-RAMOS, MD, Maria A	Lehigh
MARTINI, MD, Enrico T	Lancaster
MARTINI, MD, Victor S	Erie
MARTONE, MD, Christine	Allegheny
MARTONE, MD, Louis H	Allegheny
MARTSOLF, MD, John	Beaver
MARTSOLF, MD, Robert H	Mercer
MARTUCCI, MD, John J	Monroe
MARTUCCI, MD, William J	Monroe
MARTYAK, DO, Gabriel G	Montour
MARTYAK, MD, Nicholas A	Luzerne
MARTYN, MD, Lois J	Philadelphia
MARTYNEC, MD, Bohdan	Bucks
MARTZ, MD, Mark N	Lehigh
MARTZLUF, MD, Douglas R	Franklin
MARVA, MD, Donald J	Philadelphia
MARVI, MD, David	Lehigh
MARVIN, MD, Robert F	Delaware
MARWAHA, MD, Asha	Butler
MARWAHA, MD, Hedwig M	Allegheny
MARWAHA, MD, Raj Kumar	Butler
MARX, GAIL M	Allegheny
MARX, MD, Marvin H	Montgomery
MARYNIAK, MD, Girard M	Berks
MARZEWSKI, MD, David J	Montour
MASANKAY, MD, Manuel G	Lackawanna
MASARACHIA, MD, Sam C	Philadelphia
MASCIOTRA, MD, Nicholas J	Cambria
MASH, MD, Michael J	Montgomery
MASIN, MD, F Ned	Allegheny
MASLAND, MD, David S	Cumberland
MASLOFF, MD, Melvin L	Philadelphia
MASON, MD, Charles E	Venango
MASON, MD, Daniel	Philadelphia
MASS, MD, Burton	Philadelphia
MASSANISO, MD, Frank P	Philadelphia
MASSENGALE, MD, Alexander T	Berks
MASSEY, MD, Gordon J	Erie
MASSUCCI, JAMES E	Allegheny
MAST, MD, Clarence M	Wyoming
MAST, MD, Truman E	Lancaster
MASTANDREA, MD, Carl A	Allegheny
MASTERS, MD, Raymond E	Allegheny
MASTERS, MD, Ruth S	Allegheny
MASTRI, MD, Thomas A	Philadelphia
MASTRIAN, MD, Anthony S	Lawrence
MASTRINE, MD, Larry R	Cambria
MASTROIANNI, MD, Luigi	Philadelphia
MASTROPIETRO, MD, N Anthony	Lancaster
MASTRY, MICHAEL G	Allegheny
MATADAR, MD, Akbar G	Allegheny
MATEER, MD, Eugene H	Centre
MATEER, MD, John E	Centre
MATEER JR, MD, Harry O	Schuylkill
MATEYA, DENNIS J	Allegheny
MATHAI, MD, John	York
MATHEW, MD, Anna	Allegheny
MATHEWS, MD, Robert S	Lancaster
MATHEWS JR, MD, Neilson M	Montgomery
MATHIAS, MD, Patrick F	Allegheny
MATHIS, MD, James S	Clearfield
MATHUR, MD, Dinesh P	Cambria
MATHUR, MD, Kailash	Schuylkill
MATLIN, MD, Robert A	Lancaster
MATOSSIAN, MD, Cynthia	Bucks
MATRAGRANO, MD, Andrew P	Montour
MATSKO, JANE R	Students
MATSKO, MD, Janine A	Philadelphia
MATSKO, MD, Michael E	Luzerne
MATSUMOTO, MD, Teruo	Philadelphia
MATTA, MD, Isaac I	Bradford
MATTA, MD, Shoukry	Lawrence
MATTAS, MD, Oliver E	Blair
MATTEI, MD, Frank A	Philadelphia
MATTEUCCI, MD, Walter V	Philadelphia
MATTHEWS, MD, George R	Berks
MATTHEWS, MD, Warren B	Montgomery
MATTIN, MD, Michael	Allegheny
MATTLEMAN, DO, Joel H	Lancaster
MATTLEMAN, MD, Steven J	Philadelphia
MATTSON, MD, Ronald J	Montgomery
MATULEWSKI, MD, Thomas J	Delaware
MATUNIS, MD, Joseph J	Perry
MATUNIS, SUZANNE F	Students
MATUS, MD, Nancy R	Northampton
MATZELLE, MD, Donald W	Franklin
MAUE, MD, Frederick R	Montour
MAURER, MD, Carol N	Venango
MAURIELLO, DO, Charles A	Philadelphia
MAURIELLO II, MD, Alfred J	Chester
MAURO, KIRK J	Allegheny
MAUST, MD, Paul E	Butler
MAUTHE, MD, Robert W	Philadelphia
MAXIN, MD, Charles W	Centre
MAXWELL, MD, Doris B	Westmoreland
MAXWELL, MD, Emilie L	Montgomery
MAXWELL, MD, Ned G	Allegheny
MAXWELL JR, MD, Robert A	Montgomery
MAY, MD, Daniel C	Wayne/Pike
MAY, MD, John C	Lancaster
MAY, MD, Mark M	Allegheny
MAY, MD, Robert E	Philadelphia
MAYBERRY, DO, Joseph J	Lancaster
MAYDAK, DO, John H	Schuylkill
MAYER, MD, Bernard W	Montgomery
MAYER, MD, David P	Philadelphia
MAYER, MD, Eugene M	Philadelphia
MAYER, MD, Nathaniel H	Philadelphia
MAYERNIK, MD, David G	Allegheny
MAYERS JR, MD, Stanley P	Centre
MAYES, MD, Richard L	Montgomery
MAYHEW, MD, J Morgan	Westmoreland
MAYLOCK, MD, John H	Bedford
MAYO, LMD, Edith A	Delaware
MAYO, MD, James P	Westmoreland
MAYOCK, MD, Robert L	Philadelphia
MAYRO, MD, Julian	Philadelphia
MAYS, MD, Richard R	Lycoming
MAZAHERI, MD, Ahmed	Bucks
MAZANOWSKI, MD, Donald M	Montour
MAZER, MD, Howard	Philadelphia
MAZER, MD, Julius	Allegheny
MAZERO, MD, John R	Westmoreland
MAZIARZ, MD, Dennis M	Bucks
MAZICH, MD, Theresa E	Philadelphia
MAZUZ, MD, Meir	Berks
MAZZA JR, MD, Patrick A	Berks
MAZZEI, MD, Alberta L	Philadelphia
MAZZEI, MD, Joseph M	Allegheny
MAZZIOTTI, MD, Mario C	Westmoreland
MAZZOLA, MD, Robert D	Montgomery
MC GAVIC, MD, John S	Montgomery
MC NAMEE SR, MD, William B	Delaware
MCADAMS, MD, Andrew J	Allegheny
MCAFEE, MD, Roy D	Venango
MCAFOOS, MD, J Allen	Allegheny
MCALEER, MD, David J	Delaware
MCALLISTER, MD, Helen B	Philadelphia
MCALLISTER, MD, John D	Allegheny
MCALLISTER II, JOHN D	Allegheny
MCALOOSE, MD, Louis T	Luzerne
MCANDREW, MD, Francis J	Northampton
MCANDREW, MD, John J	Lackawanna
MCANDREW, MD, Paul C	Lackawanna
MCANENY, MD, John B	Cambria
MCARDLE, MD, David Q	Westmoreland
MCARDLE, MD, Gilbert C	Adams
MCARDLE, MD, M Jacquelyn	Adams
MCAULIFFE, MD, Thomas C	Philadelphia
MCAVOY, MD, William B	Allegheny
MCBARRON, MD, Janet	Delaware
MCBETH JR, MD, Orville G	Adams
MCBRIDE, MD, James G	Northampton
MCCABE, MD, John S	Washington
MCCADDEN, MD, Joseph A	Delaware
MCCAFFERTY, MD, John P	Philadelphia
MCCAFFERTY, MD, Michael H	Allegheny
MCCAGUE, MD, James J	Allegheny
MCCAGUE, MD, Ned J	Allegheny
MCCAHAN, MD, Wesley F	Bedford
MCCAIRNS, MD, Robert G	Philadelphia
MCCALL, MD, William M	Dauphin
MCCANDLESS, MD, David P	Venango
MCCANDLESS, MD, Warren J	Venango
MCCANN, DO, James E	Beaver
MCCANN, MD, William D	Lancaster
MCCARRELL, MD, John K	Washington
MCCARRON, MD, Daniel J	Philadelphia
MCCARTER, MD, Samuel B	Venango
MCCARTHY, CORNELIUS S	Students
MCCARTHY JR, MD, John J	Allegheny
MCCARTNEY, MD, Ronald L	Erie
MCCAULEY, MD, Francis P	Philadelphia
MCCAULEY, MD, William C	Lycoming
MCCAUSLAND, MD, Paul J	Delaware
MCCHESNEY JR, MD, Charles T	Chester
MCCLAIN, MD, Charles B	Mifflin/Juniata
MCCLAIN JR, MD, Edward J	Allegheny
MCCLAIN JR, MD, Fred H	Huntingdon
MCCLAY, MD, Edward F	Philadelphia
MCCLELLAN, MD, R Michael	Delaware
MCCLELLAN, MD, William A	Allegheny
MCCLELLAND JR, MD, James H	Venango
MCCLENAHAN, MD, J Everett	Allegheny
MCCLENATHAN, MD, James E	Adams
MCCLINTIC, DO, William R	Bradford
MCCLINTOCK, MD, W Creighton	Allegheny
MCCLOSKEY, MD, David S	Philadelphia
MCCLOSKEY, MD, Richard C	Allegheny
MCCLOSKEY, MD, Sister Ann M	Berks
MCCLOSKEY, DO, Timothy J	Lycoming
MCCLOWRY, MD, James T	Allegheny
MCCLOY, MD, Merritt J	Westmoreland
MCCLUNG, MD, Larry S	Westmoreland
MCCLURE, MD, Dorothea F	Clearfield
MCCLURE, MD, Jonathan K	Beaver
MCCLURE, THOMAS A	Allegheny
MCCLURE, MD, Thomas D	Westmoreland
MCCLURKEN, MD, James B	Montgomery
MCCLUSKY, MD, Robert C	Venango
MCCOLLUM, MD, George R	Allegheny
MCCOLLUM, MICHAEL F	Students
MCCOMBS, MD, Elaine M	Montgomery
MCCOMBS, MD, Peter R	Philadelphia
MCCOMBS, MD, Ray D	Erie
MCCONAGHY, JOHN R	Allegheny
MCCONAHY, MD, John G	Lawrence
MCCONNEL JR, MD, Charles S	Lehigh
MCCONNELL, MD, Edward B	Philadelphia
MCCONNELL, MD, Edward L	Philadelphia
MCCONVILLE, MD, John H	York
MCCORD, MD, James A	Montgomery
MCCORMACK, MD, John L	Philadelphia
MCCORMICK, MD, Alexander R	Allegheny
MCCORMICK, MD, George M	Centre
MCCORMICK, MD, John L	Philadelphia
MCCORMICK, MD, John V	Montour
MCCORMICK, MD, Lee H	Allegheny
MCCORMICK, MD, Mark W	Beaver
MCCOY, ANDREA C S	Students
MCCOY, MD, Orlo G	Bradford
MCCOY, MD, Robert L	Northampton
MCCOY, MD, Thomas D	Indiana
MCCOY III, MD, William H	Allegheny
MCCOY JR, MD, George W	Northampton
MCCRACKEN, MD, Stewart	Philadelphia
MCCRAE, MD, Charles R	Berks
MCCRAE, MD, Marcia G	Berks
MCCREADY, MD, Caren E	Philadelphia
MCCREARY III, MD, Thomas W	Beaver
MCCUNE, MD, Quay A	Warren
MCCUNE, MD, Wallace G	Philadelphia
MCCURDY, MD, Dino E P	Philadelphia
MCCURDY, MD, Layton	Philadelphia
MCCURDY, MD, Richard R	Delaware
MCDANIEL JR, MD, Everett S	Philadelphia
MCDERMIT, MD, John R	Philadelphia
MCDERMOTT, MD, Robert W	Allegheny
MCDERMOTT JR, MD, Harry M	Centre
MCDEVITT, GORDON R	Students
MCDONALD, MD, David R	Allegheny
MCDONALD, MD, Donald J	Philadelphia
MCDONALD, MD, Herbert M	Lackawanna
MCDONALD, MD, Kenneth M	Lehigh
MCDONALD, MD, Thomas A	Montgomery
MCDONALD JR, DO, James F	Philadelphia
MCDONALD JR, MD, Robert H	Allegheny
MCDONNELL, MD, Thomas J	Lackawanna
MCDONNELL, MD, William V	Philadelphia
MCDONNELL-DATTILO, MD, Colleen	Allegheny
MCDONOUGH, MD, Gerard A	Lehigh
MCDOUGALL, MD, William A	Allegheny
MCDOWELL, MD, Edward P	Indiana
MCDOWELL, MD, Mary J	Allegheny
MCELLIGOTT, MD, James B	Potter
MCELREE, MD, James C	Mercer
MCELREE JR, MD, Frank E	Mercer
MCELROY, MD, Philip K	Delaware
MCELROY, MD, Walter D	Allegheny
MCEVOY, MD, Robert F	Northampton
MCFADDEN, MD, John F	Bucks
MCFADDEN, MD, William M	Philadelphia
MCFARLAND, MD, Malcolm D	Philadelphia
MCGANN, MD, Thomas R	Clinton
MCGARRITY, MD, Susan J	Lebanon
MCGARRY, MD, Thomas F	Bucks
MCGARVEY, MD, Joseph F	Bucks
MCGARVEY, MD, Richard N	Allegheny
MCGEARY, MD, James E	Warren
MCGEARY, MD, Joseph D	Philadelphia
MCGEARY, MD, Lester E	Westmoreland
MCGEE, MD, Elizabeth L	Montgomery
MCGEE, MD, Michael J	York
MCGEE JR, MD, Joseph P	Delaware
MCGEEHAN, MD, John F	Lackawanna
MCGEEHAN, MD, John T	Chester
MCGEHEE, MD, Daniel	Venango
MCGEHEE, MD, Edward H	Philadelphia
MCGEORGE, MD, Francis R	Allegheny
MCGILL, MD, Herman I	Philadelphia
MCGILL, MD, Kenneth W	Luzerne
MCGINLEY, MD, George W	Lehigh
MCGINNIS, MD, Andrew W	Delaware
MCGLAUGHLIN, MD, Michael J	Adams
MCGLUMPHY, MD, Thomas H	Montgomery
MCGLYNN JR, MD, Thomas J	Dauphin
MCGONIGAL, MD, Michael P	Allegheny
MCGOWAN, MD, William E	Delaware
MCGRANE, MD, Maria K	Luzerne
MCGRATH, MD, Edmund W	Luzerne
MCGRATH, GLENN A	Students
MCGRATH, MD, Joseph M	Dauphin
MCGRATH, DO, Robert C	Westmoreland
MCGRATH, DO, William J	Westmoreland
MCGRAW, MD, Donald J	Allegheny
MCGRAW, MD, James J	Wayne/Pike
MCGRAW, MD, Thomas E	Philadelphia
MCGRAW JR, MD, John J	Bucks
MCGREEVEY, MD, John R	Philadelphia
MCGREGOR, MD, Robert S	Allegheny
MCGROARTY, MD, William J	Philadelphia
MCGROGAN, MD, Frank P	Allegheny
MCGRUDER, MD, Ewart G	Philadelphia
MCGRUDER, MD, Sandra W	Philadelphia
MCGUIGAN, MD, Thomas M	Philadelphia
MCGUIRE, MD, Edward J	Lackawanna
MCGUIRE, MD, Francis E	Beaver
MCGUIRE, MD, James J	Northampton
MCGUIRE, MD, Richard J	Centre
MCGUIRE, MD, Sean P	Allegheny
MCHENRY, MD, D J	York
MCHENRY, JOHN G	Students
MCHENRY, MD, Thomas	Allegheny
MCHUGH, MD, Elmer F	Allegheny
MCHUGH, MD, Joseph J	Lehigh
MCHUGH, MD, Regis W	Westmoreland
MCHUGH, MD, Richard D	Allegheny
MCILVAINE, MD, Paul W	Bucks
MCINROY, MD, Robert D	Dauphin
MCINTYRE, MD, Edward S	Lehigh
MCINTYRE, MD, John F	Wyoming
MCJUNKIN, MD, Cheryl L	Erie
MCKEATING, MD, Philip J	Allegheny
MCKEE, MD, Edward T	Delaware
MCKEE, MD, Michael B	Lancaster
MCKEE, MD, Robert E	Butler
MCKEE, MD, Roderick S	Philadelphia
MCKEE, MD, Wayne O	Somerset
MCKEIGHAN EXEC DIR, DAVID	Delaware
MCKENNA, MD, Marc W	Montgomery
MCKENNA, MD, Thomas J	Cambria
MCKENNA JR, MD, Ernest L	Montgomery
MCKENZIE, MD, James G	Franklin
MCKENZIE, MD, Ray	Allegheny
MCKEOWN, MD, Henry G	Clinton
MCKEOWN JR, MD, John J	Philadelphia
MCKINLEY, MD, Erin A	Venango
MCKINLEY, MD, Richard G	Cambria
MCKINLEY, MD, Wayne S	Jefferson
MCKINLEY, MD, William M	Clarion
MCKINNEY, MD, Henry D	Blair
MCKINNEY, MD, William L	Berks

MCKINSTRY, MD, Robert B	Chester
MCKNIGHT, MD, Lancess	Delaware
MCLAMB, MD, James R	Crawford
MCLANE, MD, Rogers D	Clearfield
MCLAREN JR, MD, Harold J	Erie
MCLAUGHLIN, MD, Edward	Delaware
MCLAUGHLIN, MD, Edward D	Philadelphia
MCLAUGHLIN, MD, Elgie R	Philadelphia
MCLAUGHLIN, MD, Frank W	Lancaster
MCLAUGHLIN, MD, George E	Philadelphia
MCLAUGHLIN, MD, James T	Allegheny
MCLAUGHLIN, MD, John J	Delaware
MCLAUGHLIN, DO, John P	Dauphin
MCLAUGHLIN, MD, Thomas W	Schuylkill
MCLAUGHLIN, MD, William B	Allegheny
MCLAUGHLIN JR, MD, Guy W	Philadelphia
MCLEAN, MD, James J	Berks
MCLELLAN JR, MD, Thomas G	Fayette
MCLEOD, MD, Roderick R	Lackawanna
MCLIN, MD, Leon N	York
MCLOONE, MD, John C	Montgomery
MCMAHAN, MD, Joseph N	Washington
MCMAHON, MD, William J	Washington
MCMAHON JR, MD, Joseph F	Northampton
MCMASTER, MD, Gilbert B	Washington
MCMASTER, MD, James H	Allegheny
MCMILLAN, MD, Donald L	Allegheny
MCMILLAN, MD, James E	Allegheny
MCMILLAN, MD, William B	Allegheny
MCMILLEN, MD, James I	Dauphin
MCMONAGLE, MD, Carey L	Fayette
MCMURRAY, MD, Henry A	Westmoreland
MCMURRY, MD, Fred G	Montour
MCNALL, MD, Pearl G	Allegheny
MCNALLY, MD, Charles F	Philadelphia
MCNAMARA, MD, J Arch	Philadelphia
MCNAMARA, MD, Marian F	Philadelphia
MCNAMARA, DO, Thomas W	Allegheny
MCNAUGHER, MD, William M	Allegheny
MCNEAL, MD, Samuel W	Lancaster
MCNEIL, MD, John	Mckean
MCNEIL, MD, Peter E	Dauphin
MCNEIL-JACOBI, MD, Athole G	Philadelphia
MCNEILL, MD, Donald B	Erie
MCNEILL JR, MD, Robert J	Philadelphia
MCNELLIS, MD, Donald R	Northampton
MCNETT, MD, Dale L	Warren
MCNICHOLAS, MD, Edward M	Montgomery
MCNICHOLAS, MD, Kathleen W	Philadelphia
MCNULTY, MD, Barbara N	Allegheny
MCNUTT, MD, Frank H	Armstrong
MCPEAK JR, MD, Vincent J	Philadelphia
MCQUADE, MD, James H	Allegheny
MCQUIGG, MD, Richard N	Allegheny
MCSORLEY, MD, Maryann B	Philadelphia
MCSTAY, MD, Louann M	Beaver
MCTAMMANY, MD, J Robert	Berks
MCVAY, MD, William J	Allegheny
MCWHIRTER, MD, William R	Mercer
MCWILLIAMS, MD, Fred D	Westmoreland
MEAD, MD, Robert M	Erie
MEADOW, DO, Philip B	Allegheny
MEADOWCROFT, MD, James A	Montgomery
MEANOR JR, MD, Harold H	Allegheny
MEARS, MD, Dana C	Allegheny
MEARS, MD, Elmer E	Bucks
MEARS, MD, Virginia G	Lancaster
MEBANE, MD, Tom S	Centre
MEBANE III, MD, Tom S	Centre
MECCA, MD, Donato D	Lackawanna
MECCA, MD, John J	Lehigh
MECHAEL, MD, Shawky F	Allegheny
MECHANICK, MD, Philip G	Philadelphia
MEDDEN, MD, Edwin J	Mckean
MEDIANO, MD, Wilfredo M	Philadelphia
MEDICH, MD, George F	Allegheny
MEDINA, MD, Amando R	Allegheny
MEDINA, MD, Jocyline L	Allegheny
MEDINA, MD, Lisa H	Berks
MEDINA, MD, Rodrigo D	Carbon
MEDINA, MD, Roldan G	Fayette
MEDINGER, MD, Fred G	Philadelphia
MEDLEN, MD, Rudolph E	Fayette
MEDLOCK, MD, James B	Lawrence
MEDOFF, MD, Joseph	Philadelphia
MEDOFF, MD, Stephen A	Philadelphia
MEDWAY, MD, Marc J	Montgomery
MEDWICK, DO, Denise M M	Allegheny
MEDWICK, DO, Gerald R	Allegheny
MEECE, MD, Terrence L	Allegheny
MEEHAN, MD, John J	Philadelphia
MEERAN, MD, M Mohamed	Schuylkill
MEESS, MD, Mark A	Allegheny
MEGLIN, MD, Allen J	Allegheny
MEHARG JR, MD, John G	Berks
MEHDI, MD, Iftikhar J	Franklin
MEHOK, MD, Ronald G	Allegheny
MEHTA, MD, Bharat K	Northampton
MEHTA, MD, Harshad	Allegheny
MEHTA, MD, Niharika D	Columbia
MEHTA, MD, Pankaj	Lycoming
MEHTA, MD, Smita M	Philadelphia
MEHTA, MD, Sunil K	Mercer
MEHTA, MD, Varsha J	Butler
MEHTA, MD, Yogin P	Mifflin/Juniata
MEHTA, MD, Yogini R	Allegheny
MEIER, MD, Louis A	Montgomery
MEIKLE, MD, Charles E	Bradford
MEIKLE, MD, George C	Luzerne
MEINDL, MD, George T	Washington
MEISNER, MD, Marvin H	Blair
MEISTER, MD, Donald G	Allegheny
MEISTER, MD, Steven G	Philadelphia
MELANI, MD, Kenneth R	Allegheny
MELANSON, SCOTT W	Students
MELDRUM, MD, Robert W	Columbia
MELICK, MD, Judith E	Philadelphia
MELKUS, MD, Daniel J	Bedford
MELLEN, MD, Arthur W	Philadelphia
MELLINGER, JOHN C	Allegheny
MELLINGER, MD, Richard W	Lancaster
MELLON, MD, Robert	Berks
MELLON JR, MD, Lawrence J	Delaware
MELNICK, MD, Donald E	Delaware
MELNICK, DO, Kevin R	Montgomery
MELNICOVE, MD, Sidney	Schuylkill
MELODY, MD, M Joseph	Delaware
MELOTTI, MD, Peter M	Allegheny
MELOY, MD, Thomas R	Huntingdon
MELTZ, DO, Richard C	Delaware
MELTZER, MD, Alan J	Philadelphia
MELTZER, MD, David	Montgomery
MELTZER, MD, Lawrence E	Philadelphia
MELTZER, MD, Michele S	Philadelphia
MELUCCI, MD, Michael B	Lehigh
MEMON, MD, Mohammad K	Westmoreland
MENA, MD, Lilia D	Montgomery
MENALDINO, MD, Stephen E	Delaware
MENAPACE JR, MD, Francis J	Montour
MENARD, MD, Mary K	Philadelphia
MENCHEY, MD, Milton J	York
MENDELL, MD, Theodore H	Philadelphia
MENDELOW, MD, Harvey	Allegheny
MENDELSOHN, MD, Eugene	Berks
MENDELSON, MD, Myer	Philadelphia
MENDELSON, MD, S Robert	Allegheny
MENDELSSOHN, MD, Edwin	Philadelphia
MENDELSSOHN, MD, Saul	Luzerne
MENEELY, MD, Alfred W	Dauphin
MENGEL, MD, Charles L	Lehigh
MENGEL, MD, Roger G	Berks
MENGES JR, MD, Job F	Berks
MENICHINO, MD, Anthony J	Berks
MENIN, MD, Richard A	Philadelphia
MENIN, MD, William	Philadelphia
MENIO, MD, John N	Luzerne
MENKOWITZ, MD, Bruce J	Montgomery
MENKOWITZ, MD, Elliot	Montgomery
MENNA, MD, Vincent J	Bucks
MENNELL, MD, John M	Philadelphia
MENNINGER III, MD, Fredrick J	Allegheny
MENON, MD, Venu G	Philadelphia
MENUT, MD, Gerard H	Philadelphia
MENZEL, MD, Paul H	Lackawanna
MENZIES JR, MD, William C	Mercer
MERCADO, MD, Modesto G	Lehigh
MERCED, MD, Jorge M	Venango
MERCHANT, MD, Ralph P	Franklin
MERCIER, MD, Edward E	Erie
MERCURIO, MD, Teresa	Berks
MERENSTEIN, MD, Joel H	Allegheny
MERESCHAK, MD, Volmar A	Northampton
MERING, MD, Thomas W	Greene
MERING JR, MD, James H	Allegheny
MERKEL, MD, Lois M	Mercer
MERKIN, MD, Alvin	Philadelphia
MERKLE, MD, Larry N	Lehigh
MERKLE, MD, Ralph F	Lehigh
MERL, MD, Stuart A	Cumberland
MERLI, MD, Geno J	Philadelphia
MERLIN, MD, Albert A	Philadelphia
MERLO, DO, Francis A	Wayne/Pike
MERMELSTEIN, MD, Howard A	Allegheny
MEROLA, MD, Joseph C	Northampton
MERRICK, MD, Randolph V	Dauphin
MERRIMAN, MD, W Clair	Beaver
MERSHON, MD, Charles R	Lancaster
MERSKI, MD, Anthony T	Erie
MERSKY, MD, Martin R	Philadelphia
MERSKY, MD, Steven A	Philadelphia
MERSON, MD, Erich R	Chester
MERZI, MD, Allen J	Washington
MESAROS, MD, Michael J	Luzerne
MESERVE, MD, John P	Allegheny
MESETE, MD, A Francis	Delaware
MESHKOV, MD, Arnold B	Philadelphia
MESMER, MD, Roger E	Warren
MESSERSMITH, ANN K	Students
MESSNER, MD, Jean T	Dauphin
MESSNER, MD, Kenneth H	Lancaster
MESSORI, MD, Divo A	Philadelphia
META, MD, Louis D	Allegheny
METKUS, MD, Francis M	Bucks
METTLER, MD, Dallas E	Montgomery
METZ, MD, Walter A R	Allegheny
METZGAR, MD, Thomas I	Monroe
METZGER, MD, Charles W	Allegheny
METZGER, MD, Paul C	Lackawanna
METZGER, MD, Paul D	Lackawanna
METZGER, MD, Rose A	Philadelphia
MEYER, MD, Allen E	Delaware
MEYER, MD, Kenneth K	Bradford
MEYER, MD, Richard S	Philadelphia
MEYER JR, MD, Maurice M	Lebanon
MEYERS, MD, Allan F	Elk/Cameron
MEYERS, MD, John L	Berks
MEYERS, MD, Karl R	Philadelphia
MEYERS, MD, Paul T	Cambria
MEYERS, MD, Robert W	Philadelphia
MEZZANOTTE, MD, John J	Philadelphia
MEZZANOTTE, MD, William S	Philadelphia
MIANO, MD, Lidia	Beaver
MICEK, MD, Edward W	Philadelphia
MICELI, MD, Silvio	Philadelphia
MICHAEL, MD, Dwight I	Adams
MICHAEL, MD, Eric J	Philadelphia
MICHAEL, GARY E	Students
MICHAEL, MD, Joseph T	Allegheny
MICHAEL, MD, Thomas P	Allegheny
MICHAELS, MD, Bernard I	Allegheny
MICHAELS, MD, Mike	Montgomery
MICHAELS, MD, Milton M	Allegheny
MICHAELS, MD, Robert M	Bradford
MICHAELSON, MD, Carolyn Z	Philadelphia
MICHAELSON, MD, Robert I	Montgomery
MICHAELSON, MD, Thomas C	Chester
MICHAIL, MD, Sohair S	Philadelphia
MICHALAK, MD, Dennis M W	Bradford
MICHALEK, MD, Maria	Philadelphia
MICHALS, MD, Timothy J	Philadelphia
MICHALSKI, MD, John A	Philadelphia
MICHAUD, MD, Joseph E	Cambria
MICHEL, MD, Elliot M	Allegheny
MICHEL, MD, John P	Beaver
MICHELSTEIN, MD, Richard D	Luzerne
MICHEO, MD, William F	Philadelphia
MICHIE, MD, Alexander J	Monroe
MICHIE, MD, Catherine R	Monroe
MIDDLEMAN, MD, Rose R	Allegheny
MIDDLETON, MD, Donald B	Allegheny
MIDDLETON, MD, Robert J	Columbia
MIDGLEY, MD, Peter M	Franklin
MIDHA, MD, Deepak	Butler
MIDMORE, MD, John S	Montour
MIECKOWSKI, MD, Gregory C	Armstrong
MIELCAREK JR, MD, Leon M	Delaware
MIETUS, MD, Lawrence J	Students
MIGLIORE, MD, Joseph J	Lycoming
MIGLIORI, STEPHEN J	Students
MIHELIC, MD, Nicholas E	Huntingdon
MIHOK, MD, Michael R	Allegheny
MIKAELIAN, MD, Diran O	Philadelphia
MIKAYA, MD, Martin L	Bradford
MIKELBERG, MD, Rose R	Philadelphia
MIKELONIS, MD, Robert J	Centre
MIKESELL, MD, Jerry F	Centre
MIKITA, MD, John J	Allegheny
MIKLOS, MD, Bernard G	Allegheny
MIKLOS, MD, Michael V	Allegheny
MIKNEVICH, MD, Maryann	Allegheny
MIKOLINNAS, THOMAS A	Students
MIKOWSKI, MD, I Edmund	Philadelphia
MIKULLA, MD, John M	Allegheny
MIKUTA, MD, John J	Philadelphia
MILAI JR, MD, A Samuel	Allegheny
MILANDER, MD, John H	Monroe
MILANI, MD, Frank A	Lackawanna
MILANICK, JOHN C	Students
MILANO, EDWARD L	Students
MILAZZO, MD, John V	Bucks
MILDENBERG, MD, Budd J	Montgomery
MILDER, MD, James E	Cambria
MILES, DO, G Bruce	Northampton
MILES, MD, Michael A	Berks
MILFORD, MD, Henry E	Dauphin
MILHEIM, MD, Irvine G	Mercer
MILICH, MD, Zarko D	Monroe
MILICIA, MD, Anthony P	Philadelphia
MILKE, MD, Denis J	Dauphin
MILKS, MD, Carl J	Wayne/Pike
MILLAGER, ABBY A	Allegheny
MILLER, ALAN K	Allegheny
MILLER, MD, Alan M	Montgomery
MILLER, MD, Allen C	Philadelphia
MILLER, MD, Anton M	Schuylkill
MILLER, MD, Bernard J	Philadelphia
MILLER, MD, Brian A	Bucks
MILLER, MD, C Eugene	Lancaster
MILLER, MD, C Joseph	Philadelphia
MILLER, MD, Calvin E	Armstrong
MILLER, MD, Carl S	Lebanon
MILLER, CAROL A	Students
MILLER, MD, Charles F	Chester
MILLER, MD, Clarke T	Washington
MILLER, MD, Claude J	Lebanon
MILLER, MD, Cynthia L	Philadelphia
MILLER, MD, David H	Philadelphia
MILLER, MD, David H	Bucks
MILLER, MD, David L	Allegheny
MILLER, MD, David L	Clarion
MILLER, MD, David M	Philadelphia
MILLER, MD, David S	Huntingdon
MILLER, MD, Earl R	Lycoming
MILLER, MD, Eydie G	Philadelphia
MILLER, MD, Felix H	Allegheny
MILLER, MD, Francine J	Philadelphia
MILLER, MD, Frank L	Montgomery
MILLER, MD, Frederick A	Allegheny
MILLER, MD, Gerald E	Lancaster
MILLER, MD, Gladys M	Philadelphia
MILLER, MD, Glenn	Philadelphia
MILLER, MD, Harry I	Allegheny
MILLER, MD, Herbert D	Allegheny
MILLER, MD, Herman	Delaware
MILLER, MD, Howard A	Philadelphia
MILLER, MD, Howard J	Potter
MILLER, DO, James C	Dauphin
MILLER, MD, James M	Susquehanna
MILLER, MD, James R	York
MILLER, MD, Jay B	Berks
MILLER, MD, Jeffrey L	Philadelphia
MILLER, DO, Jeri L	Philadelphia
MILLER, MD, Jerome	Philadelphia
MILLER, DO, Jerome	Philadelphia
MILLER, MD, Jill A	Mifflin/Juniata
MILLER, DO, Joel P	Philadelphia
MILLER, MD, John L	Mercer
MILLER, MD, Joseph A	Lehigh
MILLER, MD, Joseph J	Franklin
MILLER, MD, Kerry D	Lehigh
MILLER, MD, Lawrence S	Philadelphia
MILLER, MD, Lee C	Dauphin
MILLER, MD, Lee H	Bucks
MILLER, MD, Leon	Montgomery
MILLER, MD, Leonard D	Philadelphia
MILLER, MD, Michael D	Allegheny
MILLER, MD, Morris	Philadelphia
MILLER, MD, Oliver F	Montour
MILLER, MD, Parry J	Lancaster
MILLER, MD, Ralph J	Indiana
MILLER, MD, Richard C	Carbon
MILLER, MD, Richard E	Schuylkill
MILLER, MD, Robert H	Montgomery
MILLER, MD, Roland E	Erie
MILLER, MD, Samuel G	Allegheny
MILLER, MD, Stanton B	Philadelphia
MILLER, MD, Stephen J	Allegheny
MILLER, MD, Steven C	Allegheny
MILLER, MD, Thomas J	Montgomery
MILLER, MD, Thomas L	Somerset
MILLER, MD, Wallace T	Philadelphia
MILLER, MD, Warren A	Northampton
MILLER, MD, William B	Allegheny
MILLER, MD, William H	Allegheny
MILLER II, MD, George C	Union
MILLER II, MD, Tom R	Erie
MILLER JR, MD, Clarence M	Allegheny
MILLER JR, MD, John W	Lancaster
MILLER JR, MD, William B	Dauphin
MILLIGAN, MD, Robert S	Allegheny
MILLINER, MD, David H	Delaware
MILLS, MD, John W	Indiana
MILLS, MD, M Duane	Dauphin
MILLS, MD, William L	Bucks
MILLS EXECUTIVE SEC, MRS CAROLINE	Beaver
MILON, MD, Charles F	Philadelphia
MILROTH, MD, William L	Franklin
MILSOVIC, MD, Robert C	Venango
MILSTEIN, MD, Seymour W	Delaware
MIN, MD, Henry M	Elk/Cameron
MIN, MD, Jung T	Beaver
MIN, MD, Tae C	Beaver
MINARD, MD, William D	Montgomery
MINDE, MD, Eric J	Allegheny
MINDE, MD, Norman	Allegheny
MINEHART, MD, Charles R	Berks
MINEHART, MD, John R	Philadelphia
MINEO, MD, Cyrus L	Chester
MINERVA, MD, Felicisima B	Philadelphia
MINERVA, MD, Justin G	Montgomery
MINES, MD, Samuel C	Allegheny
MINGRONI, DO, Julius A	Philadelphia
MINIELLY, MD, Richard W	Bradford
MINN, MD, Fredrick L	Montgomery
MINNER, MD, Roger J	Lehigh
MINNICH, MD, Philip H	York
MINNO, MD, Alexander M	Allegheny
MINO, MD, David E	Bucks
MINORA, MD, Michael A	Lackawanna
MINSEK, MD, Robert C	Lancaster
MINTEER, MD, James W	Elk/Cameron
MINTEER, MD, Jeffrey F	Washington
MINTEER JR, DO, Donald W	Armstrong
MINTON, MD, Michael D	Allegheny
MINTON, MD, Russell F	Philadelphia
MINTZER, MD, David M	Philadelphia
MIR, MD, David J	Erie
MIR, MD, Tahir U	Indiana
MIRA, MD, Allan J	Cumberland
MIRAGLIA, MD, Richard J	Monroe
MIRANDA, MD, Cesar P	Butler
MIRANDA, MD, Jorge	Lackawanna
MIRANDA, MD, Jose R	Lancaster
MIRANDA, MD, Ralph A	Westmoreland
MIRARCHI, MD, Vincenzo	Northumberland
MIRMANESH, MD, S Jay	Philadelphia
MIRSKY, MD, Howard A	Erie
MIRSKY, MD, Robert S	Bucks
MIRTH-JACOBELLI, DO, Barbara L	Bucks
MIRZA, MD, Mohammad R	Lycoming
MISAGE, MD, John R	Allegheny
MISCHLER, MD, Forrest C	Erie
MISHALOVE, MD, R David	Delaware
MISHEL, MD, Henry S	Montgomery
MISHKIN, MD, Mark H	Lehigh
MISHKIN, MD, Mark M	Philadelphia
MISHRA, MD, Manorama	Greene
MISTRY, MD, Meherwan J	Wayne/Pike
MITAL, MD, Mohan S	Cambria
MITAL, MD, Nirmal G	Cambria
MITCHELL, MD, Arthur B	Luzerne
MITCHELL, MD, David R	Philadelphia
MITCHELL, MD, Donald D	Cambria
MITCHELL, MD, Harold L	Allegheny
MITCHELL, MD, Henry	Indiana
MITCHELL, MD, Howard F	Beaver
MITCHELL, MD, John	Allegheny

MITCHELL, MD, John F	Lehigh
MITCHELL, MD, Michael J	Beaver
MITCHELL, MD, Robert M	Philadelphia
MITCHELL, MD, Thomas R	Westmoreland
MITCHELL, MD, William J	Fayette
MITNICK, MD, Paul D	Berks
MITRA, MD, Amitabha	Philadelphia
MITRA, MD, Atin K	Erie
MITRE, MD, Ricardo J	Allegheny
MITRO, DO, Robert N	Allegheny
MITRO, MD, William	Allegheny
MITTELDORF, MD, Stephen E	Philadelphia
MITTERLING, MD, Robert C	Delaware
MITTICA, MD, Nicholas M	Lawrence
MITTLEMAN, BARBARA B	Allegheny
MIURA, MD, Karen K	Philadelphia
MIZIN, MD, Lakshmi D J	Lackawanna
MLECKO, MD, Lawrence M	Allegheny
MOAKEH, MD, Mohamed	Crawford
MOBERG, MD, F Barrie	Lancaster
MOBLEY, DERRICK K	Students
MODARRESS, MD, John	Schuylkill
MODI, MD, Jashwant B	Allegheny
MODIC, MD, Christopher W	Allegheny
MODY, MD, Smita S	Schuylkill
MOERKIRK, MD, George E	Lehigh
MOFFITT, MD, Vincent J	Berks
MOFFITT JR, MD, George R	Dauphin
MOFFSES, MD, Garabed H	Philadelphia
MOGERMAN, MD, Jeffrey A	Lackawanna
MOGHADAM, MD, Abdol Nabi	Philadelphia
MOGHADAM, MD, Eileen S	Philadelphia
MOGIL, MD, Robert A	Philadelphia
MOGUL, MD, Robert	Bucks
MOHAMED, MD, Gamal E	Clearfield
MOHAMED-ALI, MD, Abul-Kassim	Lackawanna
MOHAN, MD, Brij	Northampton
MOHAN, MD, Kannappan	Schuylkill
MOHAN, MD, Krishna K	Philadelphia
MOHIUDDIN, MD, Mohammed	Philadelphia
MOHIUDDIN, MD, Mohammed A	Philadelphia
MOHLER, MD, J Harold	Lancaster
MOHR, MD, Rose M	Philadelphia
MOHYUDDIN, MD, Moiz	Monroe
MOIDEL, MD, Robert A	Montgomery
MOKRYNSKI, GREGORY	Students
MOKYCHIC, MD, Walter E	Luzerne
MOLCHANY, MD, Ernest P	Butler
MOLDOFSKY, MD, Philip J	Philadelphia
MOLDOVER, MD, Jonathan R	Lehigh
MOLINA, MD, Ramon B	Monroe
MOLL, MD, Alison	York
MOLL, MD, David C	Bucks
MOLL, MD, George A	Philadelphia
MOLL, MD, Thomas B	Berks
MOLLER, MD, George A	Clinton
MOLLICK, MD, James A	Montgomery
MOLONEY, MD, Joseph D	Dauphin
MOLTHAN, MD, Lyndall	Lehigh
MOMAN JR, MD, Lawrence C	Allegheny
MONAGHAN, BRUCE A	Students
MONAHAN, MD, George R	Montgomery
MONARDO, MD, Alfred	Allegheny
MONASTERIO, MD, Jose R	Chester
MONCRIEF, MD, Richard D	Lancaster
MONDALA-OCBO, MD, Elisa V	Berks
MONDIK, BARBARA L	Allegheny
MONDZELEWSKI, MD, James P	Allegheny
MONHEIT, MD, Richard S	Philadelphia
MONK, MD, John S	York
MONK JR, MD, John S	York
MONKOWSKI, MD, Alfred M	Bucks
MONROE, MD, Carl B	Bucks
MONSAERT, MD, Ronald P	Montour
MONSOUR, MD, Robert G	Westmoreland
MONSOUR, MD, Roy C	Westmoreland
MONSOUR, MD, Roy E	Adams
MONSOUR, MD, William J	Westmoreland
MONTAGUE, MD, James W	Lycoming
MONTALBO, MD, Antonio A	Centre
MONTALBO, MD, Serafin A	Westmoreland
MONTANER, MD, Carmen G	Lehigh
MONTEITH JR, MD, William E	Bucks
MONTELEONE, MD, Paul N	Cambria
MONTELLO, MD, Joan M	Cumberland
MONTES, MD, Manuel Y	Carbon
MONTGOMERY, MD, Bruce B	Montgomery
MONTGOMERY, MD, Ernest J	Armstrong
MONTGOMERY, MD, Hugh	Philadelphia
MONTGOMERY, MD, John B	Philadelphia
MONTGOMERY, MD, Lynn C	Philadelphia
MONTGOMERY, MD, Mark R	Fayette
MONTGOMERY, MD, Maxine D	Lancaster
MONTGOMERY, MD, Patricia A	Delaware
MONTGOMERY, MD, Thaddeus L	Philadelphia
MONTGOMERY JR, MD, George A	Somerset
MONTOZZI, MD, Richard L	Philadelphia
MONYAK, MD, John G	Beaver
MOODY, MD, Robert A	Bradford
MOOLA, MD, Jagadeesh K	Cumberland
MOON, MD, Sung B	Westmoreland
MOONDA, MD, Gulamhusain	Mercer
MOONEY, MD, Benjamin R	York
MOONEY, MD, William E	Allegheny
MOORE, MD, Barry B	Dauphin
MOORE, MD, Daniel W	Montgomery
MOORE, MD, David H	Luzerne
MOORE, MD, David S	Montour
MOORE, MD, Ernest E	Butler
MOORE, MD, Frank	Philadelphia
MOORE, MD, George W	Lawrence
MOORE, MD, James P	Armstrong
MOORE, MD, James T	Montgomery
MOORE, MD, Jay R	Philadelphia
MOORE, MD, John R	Philadelphia
MOORE, MD, Joseph J	Tioga
MOORE, MD, Leroy C	Clinton
MOORE, MD, Mary E	Philadelphia
MOORE, MD, Matthew T	Philadelphia
MOORE, MD, Michael F	Lackawanna
MOORE, MD, Terence E	Armstrong
MOORE, MD, Terence N	Lancaster
MOORE JR, MD, Samuel R	Philadelphia
MOORE JR EXEC, DIR, H David	Allegheny
MOOREVILLE, MD, Michael	Delaware
MORACA, MD, John I	Allegheny
MORALES, MD, Agustin P	Allegheny
MORALES, MD, Diego	Philadelphia
MORALES, MD, Gladys D	Northampton
MORALES, MD, Jose O	Philadelphia
MORALES-PELAEZ, MD, Eileen S	Philadelphia
MORAN, MD, John J	Montour
MORAN, PAUL E	Students
MORAN, DO, Richard E	Crawford
MORAN JR, MD, John F	Delaware
MORAN JR, MD, Theodore R	Mercer
MORAN JR, MD, Thomas W	Westmoreland
MORANI, MD, Alma D	Philadelphia
MORANZ, MD, Joel G	Delaware
MORASCO, MD, Edward R	Lebanon
MOREL, MD, Donald E	Lehigh
MORENO, MD, Manuel V	Lycoming
MORENO, MD, Misael A	Philadelphia
MORENO, SUSAN I	Students
MORESCHI, MD, Patricia R	Montgomery
MORETTO, MD, Joseph L	Lawrence
MOREY, MD, Merrill I	Allegheny
MORFESIS, MD, F Andrew	Delaware
MORGAN, MD, Albert P	Lackawanna
MORGAN, MD, Allan V	Allegheny
MORGAN, MD, Harry E	Delaware
MORGAN, MD, Jeffrey F	Warren
MORGAN, MD, John M	Delaware
MORGAN, MD, Owen K	Cambria
MORGAN, MD, Russell E	Northampton
MORGAN, MD, Theodore J	Allegheny
MORGAN, MD, William F	Northampton
MORGAN JR, MD, James W	Union
MORGAN JR, MD, Vernon W	Lackawanna
MORGAN JR, MD, William R	York
MORGANROTH, MD, Joel	Philadelphia
MORGART, MD, Douglas R	Luzerne
MORGENSTERN, MD, Stephen A	Montgomery
MORI, MD, Gino	Lackawanna
MORI, MD, Hugo	Lackawanna
MORITZ, MD, Michael J	York
MORITZ, MD, Mordekhai	Lackawanna
MORK, MD, Gustave W	Erie
MORLEY, MD, Robert R	Delaware
MORO, MD, Frank M	Wayne/Pike
MORREELS JR, MD, Charles L	York
MORRELL, DO, Roger W	Cambria
MORRIS, MD, Adrian J	Lackawanna
MORRIS, DAVID W	Allegheny
MORRIS, MD, Eleanor G	Somerset
MORRIS, MD, James A	Delaware
MORRIS, MD, John L	Erie
MORRIS, MD, Leslie E	Allegheny
MORRIS, MD, Rebecca F	Crawford
MORRIS, MD, Richard J	Delaware
MORRIS, MD, Robert S	Montgomery
MORRIS, MD, Sam E	Allegheny
MORRIS, MD, Sheldon L	Delaware
MORRIS, MD, Vernon R	Berks
MORRIS, MD, William J	Crawford
MORRIS JR, MD, Robert G	Wyoming
MORRIS JR, DO, Wilson S	Lebanon
MORRISON, MD, Alan N	Lehigh
MORRISON, MD, Archibald	Montgomery
MORRISON, MD, Carol A	Philadelphia
MORRISON, MD, Donald E	Dauphin
MORRISON, MD, Marjorie G	Lehigh
MORRISON, MD, Samuel S	Montour
MORRISON JR, MD, David P	Bucks
MORRISON SR, MD, Joseph F	Luzerne
MORRISSEY, MD, William L	Philadelphia
MORRISSEY JR, MD, E James	Berks
MORROCCO, MD, John D	Allegheny
MORROW, MD, Bert A	Berks
MORROW, MD, Gerald J	Northampton
MORROW, MD, Herbert J	Westmoreland
MORROW, MD, Robert A	Lehigh
MORROW, MD, Thayer K	Westmoreland
MORSBACH JR, LOUIS F	Students
MORSE, MD, Steven D	Philadelphia
MORSE, MD, W Scott	Allegheny
MORTEL, MD, Rodriguez	Dauphin
MORTER, GREGORY A	Allegheny
MORTON, MD, John C	Dauphin
MORTON, MD, Robert J	Wayne/Pike
MORY, MD, Stephen C	Warren
MOSCATO, MD, Anthony F	Northampton
MOSCH, MD, George C	Potter
MOSCH, MD, George C	Clearfield
MOSCH, MD, Herman C	Potter
MOSCOLA, MD, Ritamarie	Philadelphia
MOSER, MD, Barbara E S	Montour
MOSER, MD, Edward N	Lycoming
MOSER, MD, John C	Berks
MOSER, MD, Manny H	Berks
MOSES, MD, George P	Luzerne
MOSES, MD, James M	Cambria
MOSES, MD, Melvin L	Philadelphia
MOSESSO JR, VINCENT N	Allegheny
MOSIENKO, MD, Keith D	Washington
MOSKAL, MD, Joseph P	Philadelphia
MOSKOVITZ, MD, Morry	Beaver
MOSKOWITZ, MD, Barry D	Allegheny
MOSS, MD, Edward R	Philadelphia
MOSS, MD, N Henry	Philadelphia
MOSS JR, MD, Vassar Y	Allegheny
MOSSER, MD, Jeffrey F	York
MOSSER, MD, Kevin H	York
MOSSER, MD, Robert S	York
MOST-LEVIN, MD, Carol	Montgomery
MOTLEY, MD, John F	Montgomery
MOTLEY, MD, Robert J	Philadelphia
MOTRONI, MD, Alexsandra K	Schuylkill
MOURY JR, MD, Nelson F	Montgomery
MOUSSA, MD, Mohamad	Blair
MOUSSA, MD, Samir M	Allegheny
MOUTSOS, MD, Spero E	Crawford
MOWAD, MD, Joseph J	Montour
MOXEN, MD, John M	Lackawanna
MOY, MIKI B	Students
MOYER, MD, Dennis L	Bucks
MOYER, MD, Earl S	Dauphin
MOYER, MD, Glenn E	Northampton
MOYER, MD, James E	Monroe
MOYER, MD, John F	Allegheny
MOYER, MD, John H	Cambria
MOYER, MD, John P	Bucks
MOYER, MD, Paul R	Bucks
MOYER, MD, Ray A	Philadelphia
MOYER, MD, Stanley M	Bucks
MOYER, MD, Susan M	Philadelphia
MOYER, MD, Thelbert R	Erie
MOYERS, MD, Robert N	Crawford
MOYLAN, MD, Joseph E	Lackawanna
MOYLAN, MD, Robert E	Lackawanna
MOZDY, MD, Frank E	Erie
MOZLEY JR, MD, Paul D	Philadelphia
MRAZ, MD, James E	Erie
MRAZ, MD, John P	Erie
MRKICH, MD, Robert	Cambria
MRUK, MD, Celeste C	Montgomery
MRVOS, MD, Donald M	Allegheny
MSZANOWSKI, MD, Edwin M	Erie
MUCCINO, MD, Keith F	York
MUCH, DO, Mandell J	Delaware
MUCHLADO, MD, Felix J	Allegheny
MUDRICK, MD, David L	Delaware
MUELLER, MD, Scott D	Dauphin
MUHLENBERG, MD, John P	Berks
MUHLFELDER, MD, Warren J	Blair
MUHONEN, MD, Oliver A	Allegheny
MUKERJEE, MD, Manju G	Luzerne
MUKHERJEE, MD, Prashant K	Philadelphia
MUKHOPADHYAY, MD, Sukanta K	Allegheny
MULAC, JAMES E	Students
MULBERGER, MD, Robert D	Philadelphia
MULHATTEN, MD, Donald E	Centre
MULHERN, MD, Lawrence M	Allegheny
MULHOLLAND, MD, S Grant	Philadelphia
MULL, MD, Joseph C	Warren
MULL, MD, Thomas D	Montgomery
MULLEN, MD, James L	Philadelphia
MULLER, MD, Alfons J	Philadelphia
MULLER, DO, Arthur J	Dauphin
MULLER, MD, H Arnold	Dauphin
MULLER, MD, Otto F	Delaware
MULLICK, MD, Jowheri J	Venango
MULLIGAN, MD, James F	York
MULLIGAN, MD, Margaret A	Montgomery
MULLIGAN, MD, Robert L	Berks
MULLIN, MD, Raymond J	Bucks
MULLIN JR, MD, Edward M	Lehigh
MULLIN JR, MD, Hugh J	Bucks
MUMIE, MD, Lawrence E	Luzerne
MUNCHAK, MD, Alexander M	Lackawanna
MUNCHAK JR, MD, John	Lehigh
MUNDTH, MD, Eldred D	Philadelphia
MUNIN, MICHAEL C	Students
MUNION, MD, Gail L	Montgomery
MUNIR, MD, Mohammad M	Northumberland
MUNIR, MD, Muhammad	Schuylkill
MUNIZ, MD, Herminio	Philadelphia
MUNLEY, MD, Brian J	Bucks
MUNNS, MD, Stephen W	Cambria
MUNOZ, MD, Juan T	Allegheny
MUNRO, MD, Ross F	Chester
MUNSON, MD, Frederick J	Northampton
MUNVES, MD, Jonathan H	Northampton
MURALIDHARAN, MD, Bhaskaran	Cambria
MURCEK, MD, Martin A	Westmoreland
MURCKO, MD, Anita C	Allegheny
MURDOCK, MD, Fred E	Jefferson
MURDOCK, MD, Morton G	Philadelphia
MURELLO, MD, David M	Fayette
MURN, ALVIN J	Allegheny
MURPHEY, MD, Sheila A	Philadelphia
MURPHEY, MD, Stephen M	Allegheny
MURPHY, MD, Charles C	Allegheny
MURPHY, MD, Edith L	Lycoming
MURPHY, MD, Edward J	Philadelphia
MURPHY, MD, Gregory L	Lancaster
MURPHY, MD, James A	Chester
MURPHY, MD, John B	Philadelphia
MURPHY, MD, John J	Philadelphia
MURPHY, MD, Kathleen M	Dauphin
MURPHY, MD, Louis R	Lackawanna
MURPHY, MD, Martin J	Butler
MURPHY, MD, Mary H	Delaware
MURPHY, MD, Thomas W	Montgomery
MURPHY, MD, Windell H A	Philadelphia
MURPHY JR, MD, Arthur I	Allegheny
MURR III, MD, George A	Philadelphia
MURRAY, MD, Austin P	Philadelphia
MURRAY, MD, Carroll A	Jefferson
MURRAY, MD, Cheryl L	York
MURRAY, MD, John P	Montgomery
MURRAY, MICHAEL F	Students
MURRAY, MD, Pamela D	Philadelphia
MURRAY, MD, Richard C	Cambria
MURRAY, MD, Stephen R	Northampton
MURRAY, MD, William M	Dauphin
MURTAGH JR, MD, Frederick	Philadelphia
MURTAUGH, THOMAS I	Allegheny
MURTHA, MD, Timothy J	Philadelphia
MURTHY, MD, Molakalmuru H	Allegheny
MURTLAND, MD, Albert M	Bradford
MUSA, MD, Alimad N	Carbon
MUSCALUS, DO, Robert S	Montour
MUSCOLO, MD, Gabriella F	Philadelphia
MUSGRAVE, MD, Ross H	Allegheny
MUSKAT, MD, David I	Allegheny
MUSMANNO, MD, Samuel A	Allegheny
MUSSELMAN, MD, Kirk F	Bradford
MUSSER, MD, Benjamin G	Dauphin
MUSSER, MD, William T	Union
MUSSER JR, MD, Harold E	Somerset
MUSSEY, MD, Steven W	York
MUSSIO, MD, John A	Cambria
MUTSCHLER, MD, Thomas A	Allegheny
MUVDI, MD, B Charles	Berks
MYCHAK, MD, Dennis R	Northumberland
MYERS, MD, Abraham	Philadelphia
MYERS, MD, Carl B	Allegheny
MYERS, MD, Charles E	Luzerne
MYERS, MD, David	Philadelphia
MYERS, MD, Eugene N	Allegheny
MYERS, MD, Frederick B	Luzerne
MYERS, MD, Gerald I	Allegheny
MYERS, MD, Gilbert B	York
MYERS, MD, Gordon D	Dauphin
MYERS, MD, Martin A	Montgomery
MYERS, MD, Paul R	Elk/Cameron
MYERS, MD, Scott E	Philadelphia
MYERS III, MD, Franklin J	Dauphin
MYERSON, MD, Ralph M	Philadelphia
MYSLEWSKI, MD, Walter J	Westmoreland
MYSTAKAS, MD, Fotis G	Lebanon

N

NABATCHI, MD, Ahmad	Clarion
NABATI, MD, Ismail	Northampton
NABAVI, MD, Adbollah	Centre
NABORS, ERIC D	Allegheny
NACE, MD, David K	York
NACHLIS, MD, Allan D	Allegheny
NACK, MD, Steven L	Montgomery
NADAL, MD, Ramon B	Bucks
NADEL, MD, Marcell-Bernh	Philadelphia
NADELLA, MD, V Rao	Mckean
NADER, MD, Charles R	Westmoreland
NADER, MD, Joseph N	Lehigh
NADIGA, MD, Chandrasekhara	Beaver
NADKARNY, MD, Uday R	Montour
NADLER, MD, Daniel J	Allegheny
NADLER, MD, M Princeton	Allegheny
NADWORNY, MD, Howard A	Erie
NAEGELE, MD, Karl T	Bradford
NAEGLE, MD, Matthew B	Chester
NAEYE, MD, Richard L	Dauphin
NAFZIGER, MD, John K	York
NAGEL, MD, David B	Lycoming
NAGINENI, MD, Kamalakar R	Allegheny
NAGLE, MD, Arlington A	Berks
NAGLE, MD, Douglas B	Erie
NAGLE, MD, Lawerece S	Lawrence
NAGLE, MD, Richard W	Erie
NAGLE, MD, Walter W	Delaware
NAGLE, MD, Warren C	Bradford
NAGLE JR, MD, Frank O	Philadelphia
NAGPAL, MD, Naresh C	Lycoming
NAGY, MD, Robert	Montour
NAHOURAII, ROBERT A	Allegheny
NAIBERT, MD, James R	Mifflin/Juniata
NAIDE, MD, David	Philadelphia
NAIDE, MD, Meyer	Philadelphia
NAIDOFF, MD, Michael A	Philadelphia
NAIDU, MD, Jai P	Lycoming
NAIK, MD, Vaishali D	Philadelphia
NAIR, MD, Krishnan K	Erie
NAIR, MD, V Krishnan	Somerset
NAJI, MD, Ali	Philadelphia
NAJI, MD, Mohammed H	Lawrence
NALBANTIAN, MD, Michel S	Philadelphia
NALEVANKO, MD, Albert M	Lackawanna
NALLATHAMBI, MD, Helga N	Butler
NALLATHAMBI, MD, Swamikkan A	Butler

NAM, MD, Lam V	Beaver
NAMEY, MD, John T	Mercer
NAMJOSHI, MD, Shashikala D	Philadelphia
NANDIGAM, MD, Bala K	Butler
NANDIGAM, MD, Usha K	Butler
NANGIA, MD, Sushma R	Allegheny
NANJUNDASWAMY, MD, Hunasagatta C	Lawrence
NAPLES, MD, Jerry F	Bucks
NAPLES, MD, Louis A	Westmoreland
NAPOLEON, MD, Louis N	Allegheny
NAPPI, MD, Dominic F	Philadelphia
NARAYANAN, MD, Edathil K	Bradford
NARDELLA JR, MD, Guy M	Delaware
NARDINI, MD, Renalto J	Philadelphia
NARDONE, MD, Donald T	Philadelphia
NARDUCCI, MD, Anthony E	Erie
NARDUZZI, MD, Joann V	Allegheny
NARINE, NALAN	Allegheny
NARLA, MD, Sudhir K	Allegheny
NARTATEZ, MD, Pedro C	Clearfield
NARUS, MD, Vetold T	Erie
NARVAEZ, MD, Richard A	Philadelphia
NARYSHKIN, MD, Sonya	Philadelphia
NASADUKE, MD, Irene	Bradford
NASCA, MD, Leonardo S	Erie
NASE, MD, Donald F	Bucks
NASE, MD, Paul K	Berks
NASE, MD, Paul M	Bucks
NASEEM, MD, Mohammad	Allegheny
NASH, MD, James D	Lancaster
NASH, MD, Margaret J	Philadelphia
NASO, MD, Francis	Philadelphia
NASSAU, DO, Harvey B	Montgomery
NASSEF JR, MD, Louis A	Montour
NASSIRI-RAHIMI, MD, Cyrus	Philadelphia
NAST, MD, Max S	Butler
NAST, MD, Philip R	Philadelphia
NASUTI, MD, Floyd T	Philadelphia
NATALI, MD, Daniel E	Allegheny
NATALI, MD, David G	Allegheny
NATHAN, MD, Radha	Lackawanna
NATHAN, MD, Robert J	Philadelphia
NATHANSON, MD, Juliet E	Philadelphia
NATIVIDAD, MD, Nita C	Montour
NATOLI, MD, Thomas J	Montgomery
NAUGLE, MD, Ingrid E	Allegheny
NAUSS, MD, Thomas J	Luzerne
NAVARRO, MD, Roberto N	Franklin
NAWROCKI, MD, Mary F	Allegheny
NAYAK, MD, Narayan	Mckean
NAYAK, MD, Narayan T	Allegheny
NAYAK, MD, Satish R	Somerset
NAYAK, MD, Shobha	Allegheny
NAZARI, MD, Ahmad	Philadelphia
NAZZARO, MD, Ralph	Venango
NEAGOY, MD, Daniel R	Erie
NEAL, MD, Hunter S	Delaware
NEAL, MD, Roland A	Allegheny
NEAL JR, MD, Harry B	Indiana
NEALE, MD, John M	Indiana
NEALIS, MD, Henry J	Montgomery
NEALON, MD, William K	Allegheny
NEBEL, MD, Samuel F	Franklin
NECAS, MD, Michael G	Venango
NEDELJKOVIC, SRDJAN S	Students
NEDURIAN, MD, Gregory L	Clinton
NEDURIAN, MD, Vram S	Philadelphia
NEDWICH, MD, Alexander	Lehigh
NEFF, MD, Charles A	Lebanon
NEFT, MD, Burton H	Allegheny
NEGREY, MD, John N	Delaware
NEGREY JR, MD, John N	Delaware
NEGRO, MD, Attilio G	Westmoreland
NEIBLUM, DAVID R	Students
NEIDHARDT, MD, Paul W	Lancaster
NEIFELD, MD, Kenneth A	Philadelphia
NEIFELD, MD, Lise L M	Philadelphia
NEIGH, MD, John L	Philadelphia
NEILSON, MD, Thomas J	Allegheny
NEIMAN, MD, Harvey L	Allegheny
NEIMAN, MD, Lee M	Allegheny
NEISH, CAROL L	Allegheny
NEJMAN, MD, Joseph H	Montgomery
NELMS, MD, Timothy D	Columbia
NELSON, MD, Barry K	Montgomery
NELSON, DEBRA	Students
NELSON, MD, Diana F	Philadelphia
NELSON, MD, Edward A	York
NELSON, MD, Eleanor C	Philadelphia
NELSON, MD, Guy M	Philadelphia
NELSON, MD, Leonard B	Philadelphia
NELSON, MD, Mortimer T	Bucks
NELSON, MD, Nicholas M	Dauphin
NELSON, MD, Paul B	Allegheny
NELSON, MD, Philip K	Lycoming
NELSON, MD, Robert D	York
NELSON, MD, Theodore C	Allegheny
NELSON, MD, Waldo E	Philadelphia
NELSON, MD, Wenonah L	Montgomery
NELSON, WILLIAM H	Students
NELSON JR, MD, Harry M	Montgomery
NEMANI, MD, Pandharinath	Washington
NEMEZ, MD, Albert	Philadelphia
NEMEZ, MD, Jack S	Philadelphia
NEMIR JR, MD, Paul	Philadelphia
NEMIROFF, MD, Richard L	Philadelphia
NEMIROVSKY, MD, Boris	Philadelphia
NEMZOFF, MD, Sol L	Montgomery
NESBITT, MD, Alexander R	Armstrong
NESBITT, MD, John B	Crawford
NESBITT, MD, Richard A	Luzerne
NESE, MD, Anthony J	Lackawanna
NESI, MD, Daniel A	Bucks
NESPOLA, MD, Anthony M	Tioga
NESPOLI, MD, Anthony M	Northumberland
NESTICO, MD, Pasquale F	Philadelphia
NETTROUR, MD, Lewis F	Allegheny
NETTROUR III, MD, W Scott	Allegheny
NEUBAUER, MD, Richard	Philadelphia
NEUMANN, MD, George L	Lackawanna
NEUREUTER, MD, Louis J	Lancaster
NEUSTADER, MD, Lawrence M	Philadelphia
NEVILLE, MD, Edwin C	Lackawanna
NEVULIS, MD, John J	Montgomery
NEVYAS, MD, Herbert J	Philadelphia
NEWBERG, MD, Aaron N	Philadelphia
NEWBERG, MD, Jay A	Allegheny
NEWCOMER, MD, David L	Lancaster
NEWHOUSE, MD, Joseph J	Westmoreland
NEWILL, MD, William K	Fayette
NEWKAM, DO, Charles R	Dauphin
NEWKIRK, MD, John D	Centre
NEWMAN, MD, Andrew	Philadelphia
NEWMAN, MD, Benjamin E	Philadelphia
NEWMAN, MD, Frank W	Delaware
NEWMAN, MD, Gary A	Philadelphia
NEWMAN, DO, Harris	Montgomery
NEWMAN, MD, Julius	Montgomery
NEWMAN, MD, Leroy	Philadelphia
NEWMAN, MD, Richard A	Chester
NEWMAN, MD, William R	Bedford
NEWMAN JR, MD, Clyde F	Montgomery
NEWSOM, MD, John H	Bucks
NEWTON, MD, Charles T	Lackawanna
NEWTON, MD, E Douglas	Allegheny
NEWTON, MD, Frederick C	Dauphin
NEWTON, MD, Rex H	Allegheny
NEY, MD, F Gregg	Butler
NGEOW, MD, Yin K	Franklin
NGUYEN, MD, Chau H	Allegheny
NGUYEN, MD, De	Allegheny
NGUYEN, MD, Ha T	Delaware
NGUYEN, MD, Nghi V	Allegheny
NGUYEN, MD, Nhien D	Lebanon
NGUYEN, MD, Tinh-Chau	Allegheny
NGUYEN, TOAN T	Allegheny
NGUYENPHO, MD, Hoa T	Philadelphia
NIBBELINK, MD, Donald W	Philadelphia
NICASTRO, MD, Gennaro C	Philadelphia
NICHINI, MD, Franco M	Chester
NICHOLAS, MD, Bradley E	York
NICHOLAS, MD, Gary G	Lehigh
NICHOLAS, MD, James E	Allegheny
NICHOLAS, MD, James L	York
NICHOLAS, MD, Leslie	Philadelphia
NICHOLAS JR, MD, Peter D	Berks
NICHOLLS, MD, Joan E	Schuylkill
NICHOLLS, MD, Richard H	Schuylkill
NICHOLLS, MD, S Glenne	Washington
NICHOLS, MD, Claude E	Dauphin
NICHOLS, MD, David P	Jefferson
NICHOLS, MD, William R	Allegheny
NICHOLSON, MD, Jesse T	Philadelphia
NICHOLSON, MD, Joseph T	Montgomery
NICHOLSON JR, MD, Walter J	York
NICKENS, MD, C Garfield	Allegheny
NICKENS, MD, Oswald J	Allegheny
NICKESON, MD, Robert W	Allegheny
NICKLAS, MD, Donald A	Chester
NICKLES, MD, William A	Franklin
NICKLIN, MD, David E	Philadelphia
NICOLAS, MD, Rudy J	Centre
NICOLETTE JR, MD, Anthony J	Westmoreland
NICOTERO, MD, James A	Allegheny
NICY, MD, Nadija L	Philadelphia
NIDO, MD, Michael P	Cambria
NIEBAUM, MD, Albert H	Berks
NIEDELMAN, MD, Meyer L	Philadelphia
NIEGISCH, MD, Robert W	Lancaster
NIEHLS, MD, Beverly J	Berks
NIELAND, MD, Michael L	Allegheny
NIELAND, MD, Nancy S	Allegheny
NIELSEN, MD, R Craig	Lycoming
NIELSEN, MD, Robert K	Lebanon
NIELSON JR, MD, Robert P	Warren
NIEMEYER, MD, Richard H	Lancaster
NIERLE, MD, Richard H	Lycoming
NIES, MD, Gerald F	Washington
NIESEN, MD, Emil T	Wayne/Pike
NIESENBAUM, MD, Leonard	Philadelphia
NIETO, MD, Victor E	Butler
NIEZGODA, MD, Paul E	Luzerne
NIGBOROWICZ, MD, Ronald J	Allegheny
NIJAKI, MD, Larry S	Philadelphia
NIKOO, MD, Hooshang M	Philadelphia
NIKOULA, MD, Jawdat A	Westmoreland
NILES, MD, Robert A	Mckean
NIMOITYN, MD, Benjamin S	Philadelphia
NIMOITYN, MD, Philip	Philadelphia
NINO, MD, Raymond F	Westmoreland
NIREN, MD, Neil M	Allegheny
NISENBAUM, MD, Harvey L	Philadelphia
NISENBAUM, MD, Marcia R	Allegheny
NISSLEY, MD, Jay M	Union
NISTA, MD, Joseph A	Allegheny
NITZBERG, MD, Robert S	Allegheny
NIX, MD, Robert D	Allegheny
NJO, MD, Soen H	Montgomery
NOBEL, MD, Golda R	Philadelphia
NOBEL, MD, Helen V	Allegheny
NOBEL, MD, Joel J	Philadelphia
NOBLE, MD, Ellenetta B	Washington
NOBLE, MD, Jeyaseelan	Bucks
NOBLE, MD, Paul H	Philadelphia
NOCHE, MD, Cesar N	Fayette
NODEN, MD, George T	Allegheny
NOE JR, MD, William L	Bucks
NOLAN, MD, Teresa A	Allegheny
NOLAN JR, MD, John P	Montgomery
NOLAN JR, MD, Thomas F	Erie
NOLAND, MD, Robert B	Allegheny
NOLL, MD, Ross N	Philadelphia
NOLLER, MD, William E	Lancaster
NOONE, MD, James P	Bradford
NOONE, MD, R Barrett	Philadelphia
NOORBAKHSH, MD, Hossein	Allegheny
NORATO, MD, Joseph F	Dauphin
NORD, MD, Roland E	Lawrence
NORDBERG, MD, Joanne E	Philadelphia
NORDBERG JR, MD, Robert E	Cambria
NORDENBERG, MD, Aaron	Dauphin
NORK, MD, Edward P	Luzerne
NORMAN, MD, Brad H	Philadelphia
NORMINGTON II, MD, Ernest Y	Lehigh
NORRIS, MD, Charles M	Philadelphia
NORRIS, MD, David C	Allegheny
NORRIS, MD, Robert F	Philadelphia
NORTH, MD, Leon L	Montgomery
NORTHROP, MD, Herbert L	Montgomery
NORTHRUP, MD, Bruce E	Philadelphia
NOSHENY, MD, Stanley Z	Philadelphia
NOTARI, MD, Edward J	Lackawanna
NOTARO, MD, John	Beaver
NOTHMANN, MD, Bruce J	Allegheny
NOTZ, MD, Robert G	Montour
NOUMOFF, MD, Joel S	Philadelphia
NOURIAN, MD, Ali A	Lackawanna
NOVAK, CHRISTOPHER	Students
NOVAK, MD, Joseph	Allegheny
NOVAK, MD, Joseph F	Allegheny
NOVEMBER, MD, Stephen R	Lackawanna
NOVESKE, MD, F Gregory	Bradford
NOVINGER, MD, Quentin T	Luzerne
NOVOGRADAC, MD, William E	Allegheny
NOWACKI, MD, Stanley M	Montgomery
NOWOSLAWSKI, MD, Joseph F	Philadelphia
NSEIR, MD, Nawaf I	Westmoreland
NUBER, SUSAN M	Students
NUCUM, MD, Afrodisio N	Lebanon
NULL, MD, Harry M	Allegheny
NULLET, MD, Francis R	Erie
NULLMAN, MD, Andrew E	Philadelphia
NUNEZ, MD, Hermes	Allegheny
NUNGESSER, MD, Raymond F	Columbia
NUNNA, MD, Nagabhushanam	Butler
NUNNA, MD, Sitalakshmi C	Butler
NURBHAI, MD, Murtaza E	Potter
NUSBAUM, MD, Moreye	Philadelphia
NUSCHKE, MD, John D	Bucks
NUSSBAUM, MD, Allen S	York
NUSSBAUM, MD, Arthur J	Allegheny
NUSSBAUM, MD, Joseph	Philadelphia
NUSSBAUM, MD, Steven J	Delaware
NUTT, MD, Richard L	Montgomery
NUTT III, MD, James N	Montgomery
NUTTER, MD, David E	Lancaster
NYE, BONNIE A	Students
NYIRJESY, MD, Paul	Philadelphia

O

OAKS JR, MD, Wilbur W	Philadelphia
OBENRADER, MD, Mark F	Montgomery
OBER, MD, Henry E	Westmoreland
OBERFIELD, MD, William J	Delaware
OBERKIRCHER, MD, Oscar R	Montour
OBLEY, MD, David L	Allegheny
OBOYLE, MD, James P	Lackawanna
OBOYLE, MD, Tomas A	Lackawanna
OBRIEN, MD, James J	Montgomery
OBRIEN, MD, Mary C	Philadelphia
OBRIEN, MD, Robert G	Allegheny
OBRIEN, MD, William R	Philadelphia
OCAMPO, MD, Renato G	Mckean
OCHENRIDER, MD, Paul D	York
OCHOA, MD, E Ricardo	Allegheny
OCONNELL, MD, Brent J	Dauphin
OCONNELL, MD, C Leonard	Greene
OCONNELL, MD, Fred H	Philadelphia
OCONNELL, MD, James R	Delaware
OCONNELL, MD, Rose R	Philadelphia
OCONNELL, MD, William F	Bucks
OCONNOR, MD, John P	Allegheny
OCONNOR, MD, John V	Venango
OCONNOR, MD, Leo E	Cambria
OCONNOR, MD, Mary K	Allegheny
OCONNOR, MD, Maureen E	Philadelphia
OCONNOR, MD, Michael J	Philadelphia
OCONNOR, SUSAN E	Allegheny
OCONNOR, MD, Thomas W	Lancaster
OCONNOR, MD, William F	Beaver
OCONNOR JR, MD, James J	Lackawanna
OCONOR JR, MD, G Thomas	Lancaster
ODABASHIAN, MD, Arthur	Delaware
ODDI, MD, Frederick J	Allegheny
ODIM, MD, Usim	Allegheny
ODONNELL, MD, Christine S	Philadelphia
ODONNELL, MD, George J	Luzerne
ODONNELL, MD, John H	Allegheny
ODONNELL, MD, Walter F	Allegheny
OEHRLE, MD, John S	Allegheny
OELS, MD, Helen C	Montgomery
OERTER, MD, Karen E	Dauphin
OESTERLING JR, MD, Everett F	Allegheny
OFFERMAN, MD, Joop	Allegheny
OFFNER, MD, Theodore W	Philadelphia
OH, MD, Chang W	Lebanon
OH, MD, Jang K	Philadelphia
OH, MD, Kook S	Allegheny
OH, MD, Sung K	Philadelphia
OH, MD, Yong W	Luzerne
OHANISSIAN, MD, Hanrick G	Delaware
OHARA, MD, Albert E	Philadelphia
OHEARNE, MD, John S	Wayne/Pike
OHL, MD, Bettina M G	Adams
OJEDA, MD, Virginia L	Philadelphia
OKAGAWA, MD, Rick	Philadelphia
OKEN, MD, Donald	Philadelphia
OKIN, MD, E Michael	Philadelphia
OKOBI, MD, Anthony N	Allegheny
OKUNSKI, MD, Walter J	Lehigh
OLAH, MD, George W	Allegheny
OLEAGA, MD, Juan A	Philadelphia
OLEARCHYK, MD, Andrew S	Philadelphia
OLEWILER JR, MD, H Newton	Northampton
OLIM, MD, Dave B	Montgomery
OLIN, DO, Jeffrey W	Allegheny
OLIN, MD, Stephen T	Lancaster
OLINSKY, MD, Stuart M	Lycoming
OLIVER, MD, John G	Northampton
OLIVER, MD, Orlando P	Westmoreland
OLIVER JR, MD, Thomas K	Allegheny
OLIVERIO, MD, Anthony J	Fayette
OLIVES, MD, Manuel	Dauphin
OLIVIER JR, MD, Henry F	Lancaster
OLIVIERI, SUZANNE P	Students
OLKEN, MD, Mark D	Philadelphia
OLLER, MD, Samuel	Montgomery
OLMSTEAD, MD, Phillip M	Dauphin
OLNEY, MD, Franklin B	Centre
OLSAKOVSKY, LESLIE A	Allegheny
OLSEN, MD, Shirley A	Allegheny
OLSHAN, MD, Arthur R	Philadelphia
OLSHEFSKI, RANDAL S	Allegheny
OLSHEMSKI, MD, Frank C	Luzerne
OLSON, MD, Dennis A	Mckean
OLSON, MD, Emil W	Montgomery
OLSON, MD, Janne R	York
OLSON, MD, Mary K	Allegheny
OLSON, MD, Ronald A	Luzerne
OMALLEY, MD, Donald F	Allegheny
OMALLEY, MD, Kevin B	Philadelphia
OMANA, MD, Jess E	Bucks
OMARA, KATHLEEN A	Students
ONEAL JR, MD, Alexander H	Montgomery
ONEIL, DO, Robert J	Allegheny
ONEILL, DANIEL K	Students
ONEILL, MD, Hugh	Philadelphia
ONEILL, DO, James P	Lancaster
ONEILL, MD, John J	Delaware
ONG, MD, Bienvenido S	Lawrence
ONG, MD, George P	Cumberland
ONG, MD, Jimmy J	Allegheny
ONIFER, MD, Theodore M	Montgomery
ONQUE, MD, Gloria C	Allegheny
OPALACK, DO, Cheryl A	Montgomery
OPASS, MD, Edward S	Bucks
OPIDA, MD, Ciceron L	Blair
OPIDA, MD, Marina	Blair
OPILA, MD, Loretta A	Blair
OPLINGER, MD, Arthur F	Berks
ORA, MD, Carmen S	Philadelphia
ORAM, MD, Alan J	Columbia
ORAM, MD, Melvin	Lackawanna
ORANGE, MD, Paul D	Franklin
ORDENTLICH, MD, Elena	Philadelphia
ORDER, MD, Albert A	Philadelphia
ORDINARIO JR, MD, Vicente R	Crawford
ORDIWAY, MD, M Vernon	Elk/Cameron
ORDWAY JR, MD, Eugene E	Lehigh
ORIE, MD, John R	Allegheny
ORLANDO, MD, Joseph D	Luzerne
ORLANDO, MD, Salvatore J	Allegheny
ORLIDGE, MD, Arthur E	Somerset
ORLOSKI, DO, Joan M	Luzerne
ORMAN, MD, Steven K	Dauphin
ORNE, MD, Martin T	Philadelphia
OROURKE, MD, David B	Berks
OROURKE, MD, John N	Montour
OROURKE, MD, Terence L	Montour
ORQUIZA, MD, Clodualdo S	Berks
ORR, MD, Donald P	Allegheny
ORR, MD, Paul L	Lehigh
ORR, MD, Sidney H	Philadelphia
ORR JR, MD, Ross M	Northampton
ORRINGER, MD, David	Allegheny
ORRIS, MD, Donald J	Jefferson
ORSI, MD, James M	Northampton
ORSINI, MD, Michael A	Beaver
ORTEGA, DO, Kenneth D	Bradford
ORTLEY, DO, Glenn R	Delaware
ORVIS, MD, Harold H	Chester
OSBORN, MD, Hayler H	Montgomery
OSBORN, MD, Ian C	Centre
OSBORNE, MD, David P	Mckean
OSCAR, MD, Alvin D	Philadelphia
OSCHELL, MD, William J	Philadelphia
OSGOOD, MD, Carroll P	Blair
OSHEKA, MD, William	Allegheny

OSIAL JR, MD, Thaddeus A	Allegheny
OSIAS, MD, Marc B	Montgomery
OSKIN, MD, Hilbert E	Westmoreland
OSLICK, MD, Theodore	Philadelphia
OSMICK, MD, Mary J	Philadelphia
OSMOND, MD, Leslie H	Allegheny
OSOFSKY, MD, Murray V	Allegheny
OSORIO, MD, Emmanuel P	Philadelphia
OST, MD, Mary A	Chester
OSTDAHL, MD, Roger H	Dauphin
OSTERHOLM, MD, Jewell L	Philadelphia
OSTFELD, MD, David A	Northampton
OSTMAN, MD, Zenaida E	Dauphin
OSTROWSKI, DO, Charles A	Elk/Cameron
OSTRUM, MD, Bernard J	Philadelphia
OTERO, MD, Jorge A	Lehigh
OTOOLE, MD, James D	Allegheny
OTOOLE, MD, Thomas F	Philadelphia
OTTENBERG, MD, Donald J	Philadelphia
OTTINGER, MARLANA S	Students
OTTONELLO, MD, Domingo G	Allegheny
OU, MD, Kuang-Yu	Allegheny
OUANO, MD, Romeo C	Luzerne
OUTLAND, MD, Tom	Dauphin
OVERBECK, MD, Michael D	Montgomery
OVERFIELD, MD, Edward M	Erie
OVERLY, MD, Wylie L	Westmoreland
OVITZ, MD, Morris	Lehigh
OWCZYKOWSKY, MD, Bernard J	Armstrong
OWEIDA, MD, Nizar N	Westmoreland
OWEN, MD, Barbara J	Montgomery
OWENS, MD, David E	Luzerne
OWENS, MD, E Reese	Allegheny
OWENS, DO, Edward J	Crawford
OWENS, MD, John D	York
OWENS, R SCOTT	Students
OWENS, MD, Thomas A	Cambria
OYER, MD, Rosanne H	Philadelphia

P

PACANOWSKI, MD, John P	Bradford
PACEK, MD, Robert F	Armstrong
PACHECO, MD, Jimmy	Dauphin
PACHO, MD, Arelyne B	Bucks
PACHTMAN, MD, Isadore	Allegheny
PACIFICO, MD, Ronald L	Allegheny
PACIOTTI, MD, Samuel M	Monroe
PACIS, MD, Constante D	Northampton
PACIULLI, MD, Raffaele	Berks
PACKMAN, MD, Barry E	Philadelphia
PACURARIU, MD, Radu I	Luzerne
PACZKOWSKI, MD, Karen	Mifflin/Juniata
PADALINO, MD, Michael J	Venango
PADAYHAG, MD, Matias M	Berks
PADEN, MD, Drue R	Luzerne
PADGET, MD, Edward S	Philadelphia
PADIN, MD, Frederico A	Venango
PADIYAR, MD, Ramdas B	Berks
PADOLINA, MD, Ruby M	Philadelphia
PADUA-DEOCERA, MD, Zaida P	Bucks
PADULA, MD, Anthony M	Philadelphia
PAE, MD, Dong W	Westmoreland
PAE, MD, Walter E	Dauphin
PAEZ, MD, Eduardo J	Philadelphia
PAGANA, MD, John P	Northumberland
PAGANA, MD, Timothy J	Lycoming
PAGE, DEAN A	Allegheny
PAGE, MD, Michael J	Dauphin
PAGE, MD, Robert B	Dauphin
PAGE JR, MD, Edwin H	Beaver
PAGNANELLI, MD, David Michael	Montgomery
PAGNIELLO, MD, Lucia	Crawford
PAI, MD, K Gopalkrishna	Allegheny
PAIVA, JOHN D	Students
PALANDJIAN, MD, Khatchadour B	Lackawanna
PALANISAMY, MD, Subramaniam	Allegheny
PALANT, MD, Marina B	Philadelphia
PALAO, MD, Manuel C	Northampton
PALATIANOS, MD, George M	Philadelphia
PALATKA, MD, Andrew A	Lawrence
PALAZZOLO, MD, Michael J	Montgomery
PALENA, MD, Peter V	Delaware
PALEPU, MD, Showri	Allegheny
PALFEY, KIM Y	Students
PALIN, MD, William E	Bedford
PALKOVITZ, MD, Joseph	Allegheny
PALLADINO, MD, Diane P	Philadelphia
PALLAN, LAURA A	Allegheny
PALLEN, MD, Daniel	Lancaster
PALLONE, DO, Leslie T	Beaver
PALMER, MD, Arthur H	Allegheny
PALMER, MD, Clarkson T	Philadelphia
PALMER, MD, Michael H	Franklin
PALMER, MD, U Grant	Northampton
PALMER, MD, William D	Allegheny
PALMER JR, MD, Dale H	Centre
PALMER JR, MD, William E	Cambria
PALUMBO, MD, John A	Lancaster
PALUS, MD, Bernard R	Allegheny
PALUSO, MD, Eugene F	Washington
PALUSO, MD, John R	Washington
PAN, MD, Edward L	Berks
PANAHANDEH, MD, Abolhassan	Allegheny
PANARO, MD, Rudolph J	Montgomery
PANAYOTOVA, MD, Maria L	Northampton
PANCHAL, MD, Pravin D	Allegheny
PANCOAST, MD, Stephen J	Lackawanna
PANDELIDIS, MD, Kirk N	York
PANDELIDIS, MD, Pandelis K	York
PANDIT, MD, Devayani I	Allegheny
PANDIT, MD, Indravadan N	Allegheny
PANDIT, NIRAJ P	Students
PANDOLPH, MD, Stephen J	Centre
PANEBIANCO, MD, Antonio C	Lehigh
PANEK, MD, Bernard S	Cambria
PANG, MD, Dachling	Allegheny
PANICCO, DO, Richard J	Washington
PANIKKAR, MD, Ananda K	Columbia
PANNATHPUR, MD, Jayalakshmi	Philadelphia
PANNOCCHIA, MD, Luis C	Delaware
PANTALONE, MD, Albert	Beaver
PANTALONE, MD, Angelo L	Allegheny
PANTALONE, MD, Frank A	Westmoreland
PANTINO, MD, Thomas M	Allegheny
PANZER, MD, Glenn M	Luzerne
PANZER, MD, Herman M	Montgomery
PAOLINI, MD, Mauro J	Berks
PAPADOPOULOS, PATRICIA P	Students
PAPAS, MD, Spiro N	Allegheny
PAPAZIAN, MD, Ara	Allegheny
PAPINCAK, MD, Larry J	Fayette
PAPOLA, MD, Gino G	Delaware
PAPPANO JR, MD, Joseph E	Montgomery
PAPPAS, MD, Charles E	Philadelphia
PAPPAS, MD, Michael T	Allegheny
PARABOSCHI, CHARLES F	Allegheny
PARADOWSKI, MD, Frank W	Philadelphia
PARAGAS SR, MD, Lamberto S	Centre
PARAMESWARIN, MD, R	Philadelphia
PARCHURI, MD, Ramesh	Delaware
PARCINSKI, DO, Richard E	Cambria
PARDINE, MD, Marilyn T	Wayne/Pike
PARENT JR, MD, Fernand N	Washington
PARENTE, MD, Romulo Q	Blair
PARENTI, MD, Dennis L	Northampton
PARENTI, MD, John M	Montour
PARESO, MD, James D	Washington
PARIKH, MD, Bharati K	Allegheny
PARIKH, MD, Kiran J	Allegheny
PARIKH, MD, Mukul L	Dauphin
PARIKH, MD, Naresh	Lackawanna
PARIKH, MD, Neelima M	Dauphin
PARIKH, MD, Shirish N	Berks
PARIS, MD, Mark F	Blair
PARISH, MD, Lawrence C	Philadelphia
PARISI, MD, Erika F	Delaware
PARK, MD, Boyd N	Butler
PARK, MD, Byung S	Westmoreland
PARK, MD, Chan D	Allegheny
PARK, MD, Chan H	Philadelphia
PARK, MD, Chong H	Philadelphia
PARK, MD, Chong S	Erie
PARK, MD, Eugene	Allegheny
PARK, MD, Guy K	Philadelphia
PARK, MD, Hee-Ok	Philadelphia
PARK, MD, Hong S	Cumberland
PARK, MD, Hyung K	Philadelphia
PARK, MD, Joon O	Beaver
PARK, MD, Joseph M	Indiana
PARK, MD, Min H	Fayette
PARK, MD, Nae H	Dauphin
PARK, MD, Nancy H	Allegheny
PARK, MD, Neil I H	Cambria
PARK, MD, Pum K	Delaware
PARK, MD, Sang B	Allegheny
PARK, MD, Sung H	Schuylkill
PARK, MD, Thomas E	Fayette
PARK, MD, Young Won	Lycoming
PARKER, MD, Albert F	Chester
PARKER, MD, Albert G	Allegheny
PARKER, MD, Andrew J	Mifflin/Juniata
PARKER, DO, Frank	Clinton
PARKER, GERALD B	Students
PARKER, MD, Janet A	Philadelphia
PARKER, MD, John S	Westmoreland
PARKER JR, MD, James H	Berks
PARKMAN, MD, Henry P	Philadelphia
PARKS, MD, Donald B	Philadelphia
PARKS, DO, Joseph L	Indiana
PARKS JR, MD, Lytle R	Centre
PARLAVECCHIO, MD, Dennis S	Jefferson
PARLEE, MD, Donald E	Bucks
PARLIMENT, MD, Joel W	Lancaster
PARMET, MD, Jonathan L	Philadelphia
PARNES, MD, Herbert M	Dauphin
PARONISH, MD, William J	Cambria
PARR, MD, Grant V S	Philadelphia
PARR, MD, Justin L	Philadelphia
PARRILLO, MD, Douglas W	Lackawanna
PARRISH, BETH	Students
PARRY, MD, Carolyn E	Philadelphia
PARRY, MD, H Frazer	Philadelphia
PARRY, MD, John S	Mifflin/Juniata
PARRY, MD, Peter V	Delaware
PARRY, MD, Rhinard D	Northampton
PARSI, MD, Rouzbeh K	Philadelphia
PARSIA, MD, Keykhoskow S	Delaware
PARSICK, MD, Daniel P	Lackawanna
PARSONS, MD, Frederick A	Allegheny
PARSONS, MD, John A	Allegheny
PARSONS, MD, William H	Erie
PARSONS EXEC, SEC, Robert R	Lehigh
PARUCHURI, MD, Sra	Mercer
PARULIS, MD, Albert C	Beaver
PARVA, MD, Ghasem	Allegheny
PASCAL, MD, Harold J	Monroe
PASCAL, MD, Joseph	Lehigh
PASCUA, MD, Alexander V	Beaver
PASCUAL, MD, Generoso S	Allegheny
PASCUCCI, MD, Stephen E	Lackawanna
PASDAR, MD, Homayoon	Philadelphia
PASERCHIA, LORI A	Students
PASH, CHRISTOPHER A	Allegheny
PASHMAN, MD, David R	Philadelphia
PASKIN, MD, David L	Philadelphia
PASQUARIELLO, MD, Patrick S	Philadelphia
PASSERO, MD, Frank C	Delaware
PASSLOFF, ELLEN S	Students
PASTO, MD, Matthew E	Philadelphia
PASTOR, MD, James A	Lebanon
PATADIA, MD, Chandrakant	Berks
PATAKI, MD, Richard S	Washington
PATALINGHUG JR, MD, Pascual N	Franklin
PATANKAR, MD, Kalpana U	Chester
PATEL, MD, Aneel N	Warren
PATEL, MD, Ashokkumar B	Butler
PATEL, MD, Ashokkumar C	Lackawanna
PATEL, MD, Bakulesh D	Montour
PATEL, MD, Bhupendra R	Lackawanna
PATEL, MD, Bipinchandra M	Lackawanna
PATEL, MD, Gautam P	Allegheny
PATEL, MD, Harshad K	Philadelphia
PATEL, MD, Harshad R	Lycoming
PATEL, MD, Harshadkumar B	Lancaster
PATEL, MD, Jagdish D	Cambria
PATEL, MD, Jay C	Philadelphia
PATEL, MD, Jayantilal R	Bucks
PATEL, MD, Jivanlal M	Clarion
PATEL, MD, Kanchanlal S	Lawrence
PATEL, MD, Kantilal C	Erie
PATEL, MD, Madhukar R	Lebanon
PATEL, MD, Manojkumar R	Beaver
PATEL, MD, Manu N	Columbia
PATEL, MD, Manubhai R	Philadelphia
PATEL, MD, Minaxi G	Allegheny
PATEL, MD, Mohan M	Westmoreland
PATEL, MD, Mukesh A	Delaware
PATEL, MD, Natvarbhai	Montgomery
PATEL, MD, Purshottam N	Northumberland
PATEL, MD, Ramesh C	Lackawanna
PATEL, MD, Ramesh P	Allegheny
PATEL, MD, Sanjay D	Montgomery
PATEL, MD, Satish D	Luzerne
PATEL, MD, Shashikant B	Dauphin
PATEL, MD, Surendra R	Lawrence
PATEL, MD, Vinod M	Erie
PATEL, MD, Vrunda	Philadelphia
PATERNITI, MD, Samuel F	Lebanon
PATERSON, MD, Kimberly K	Crawford
PATHAK, MD, Rajani K	Jefferson
PATHEJA, MD, Jotinder K	Westmoreland
PATHROFF, MD, Robert	Montgomery
PATNAIK, MD, Ramprasad	Philadelphia
PATRIARCO, DO, Michael S	Lehigh
PATRICIO, MD, Alejandro M	Fayette
PATRICK, MD, David B	Beaver
PATRICK, MD, David R	Beaver
PATRICK, MD, Gregory B	Allegheny
PATRICK, MD, Michael A	Northampton
PATRICK, MD, Nicholas E	Lackawanna
PATRONE, MD, Richard A	Delaware
PATTANAYAK, MD, Minati	Bucks
PATTERNAC, MD, Deborah A	Montgomery
PATTERSON, MD, Arthur J	Greene
PATTERSON, MD, Chris	Delaware
PATTERSON, MD, Cynthia M	York
PATTERSON, MD, George W	Allegheny
PATTERSON, MD, John R	Philadelphia
PATTERSON, MD, John W	Northampton
PATTERSON, MD, Joseph R	Cambria
PATTERSON, MD, Leland F	Dauphin
PATTERSON, MD, Lewis T	Dauphin
PATTERSON, MD, Michael B	Allegheny
PATTERSON, MD, Richard J	Dauphin
PATTERSON, MD, Robert J	Philadelphia
PATTERSON JR, MD, Arthur J	Greene
PATTI, MD, Richard B	Allegheny
PATTISHALL III, MD, Evan G	Dauphin
PATTISHALL JR, MD, Evan G	Centre
PATTON, MD, Anna M	Allegheny
PATTON, MD, Carla S	Bucks
PATTON, MD, George D	Allegheny
PATTON, MD, Mary L	Delaware
PATUKAS, MD, Peter C	Chester
PATYK, MD, Richard A	Berks
PAUL, MD, Albert J	Philadelphia
PAUL, MD, Alvin J	Montgomery
PAUL, MD, Anthony R	Philadelphia
PAUL, MD, Boris	Monroe
PAUL, MD, Champa L	Bucks
PAUL, MD, George J	Northampton
PAUL, MD, Gerson S	Philadelphia
PAUL, MD, Hugo B	Allegheny
PAUL, MD, Jay	Butler
PAUL, MD, Phyllis O	Philadelphia
PAUL, MD, Richard	Allegheny
PAUL, MD, Ronald L	York
PAUL JR, MD, John D	Lancaster
PAULETTO, MD, Ferrel J	Delaware
PAULEY, MD, Lois P	Bucks
PAULEY, MD, William G	Bucks
PAUTLER, MD, Stanislav	Allegheny
PAVICH, MD, Rudolph W	Cambria
PAVLIC, MD, George J	Allegheny
PAVLIDES, MD, Constantinos A	Philadelphia
PAVLIS, MD, Robert J	Allegheny
PAVSEK, MD, Edward J	Allegheny
PAVUK, MD, Daniel J	Lackawanna
PAWAR, MD, Surendra V	Allegheny
PAWELSKI, MD, Richard J	Dauphin
PAWLOSKY, MD, Frank X	Allegheny
PAYAWAL, MD, Aurora S	Philadelphia
PAYER, MD, Jean M	Philadelphia
PAYNE, MD, Virginia L	Northumberland
PEACOCK, MD, Thomas E	Northampton
PEAL, MD, Stanley	Allegheny
PEALE, MD, Augustin R	Philadelphia
PEARAH, MD, J David	Berks
PEARCE, MD, Alexander E	Philadelphia
PEARCE, MD, Steven R	York
PEARLSTINE, MD, Beatrice	Philadelphia
PEARSON, MD, Frederick J	Northampton
PEARSON, MD, June A	Monroe
PEARSON, STARR P	Students
PEASE, MD, Fred	Clearfield
PEASE, MD, William E	Dauphin
PECHIN, MD, Sergius P	Delaware
PECHSTEIN, MD, George R	Montgomery
PECHT, MD, Karl R	Clinton
PECK, MD, William J	Lycoming
PECMAN, MD, Joanna	Allegheny
PEDIGO, MD, James M	Philadelphia
PEDROTTY JR, MD, Francis W	Philadelphia
PEEBLES JR, MD, Roosevelt	York
PEER, MD, Meeta D	Philadelphia
PEFF, MD, Thomas C	Philadelphia
PEGEL, MD, Louis A	Montgomery
PEGGS, MD, Michael A	Philadelphia
PEGUERO, MD, O Alberto	Luzerne
PEIGH, MD, Pamela S	Dauphin
PEIKES, MD, Irwin L	Montgomery
PEINDL, MD, Paul M	Beaver
PEIRSOL, MD, Betty L	Allegheny
PEITZMAN, MD, Andrew B	Allegheny
PEITZMAN, MD, Steven J	Philadelphia
PELAEZ, MD, Manuel	Fayette
PELCZAR, MD, Eugene W	Luzerne
PELEKANOS, MD, Michael J	Allegheny
PELENSKY, MD, Jeanne M	Philadelphia
PELICCI, MD, Leroy J	Lackawanna
PELKOFER, MD, Cletus G	Allegheny
PELKOWSKI, MD, David J	Bradford
PELL, MD, John J	Chester
PELL III, MD, Edward N	Somerset
PELLECCHIA, MD, Patrick E	Philadelphia
PELLEGRINI, MD, Ronald V	Allegheny
PELLEGRINI, MD, Vincent A	Berks
PELLICANE JR, JAMES V	Allegheny
PELLIZZARI, MD, Rinaldo G	Erie
PELOSI, MD, Louis M	Philadelphia
PELSZYNSKI, MD, Eugene E	Philadelphia
PELTZ, MD, Dieter E	Montgomery
PENCHANSKY, MD, Barry H	Lancaster
PENDLETON, MD, James L	Montgomery
PENDRAK, MD, Robert F	Dauphin
PENMAN, MD, William R	Chester
PENN, MD, Samuel E	Allegheny
PENNELL JR, MD, Edgar L	Philadelphia
PENNEYS, MD, Edith T	Philadelphia
PENNISI, MD, Alfio K	Montour
PENNOCK, MD, John L	Dauphin
PENNOCK, MD, L Lewis	Allegheny
PENNOCK, MD, Ronald S	Philadelphia
PENROD, MD, Dale S	Philadelphia
PENSIRIKUL, MD, Viroje	Washington
PENTA, MD, John M	Berks
PENUGONDA, MD, Dwaraki B	Luzerne
PENUGONDA, MD, Haragopal S	Luzerne
PEPE, MD, Peter F	Centre
PEPICELLO, MD, James A	Erie
PEPPER, MD, L Douglas	Allegheny
PEPPERMAN, MD, Larue E	Lycoming
PERALTA, MD, Juan O	Northumberland
PERCH, MD, Gerald A	Montgomery
PERCH, MD, Robert B	Montgomery
PERER, MD, William A	Allegheny
PERERA, MD, L Wimal	Montgomery
PEREZ, MD, Erlinda B	Fayette
PEREZ, MD, Godofredo B	Fayette
PEREZ, MD, Horacio A	Allegheny
PEREZ-TAMAYO, MD, Ruheri	Philadelphia
PERFETT, MD, Alfred A	Mercer
PERILSTEIN, MD, Michael D	Berks
PERIN, MD, Lawrence A	Lehigh
PERIS, MD, Leon A	Philadelphia
PERIYANAYAGAM, MD, Srinivasan	Luzerne
PERKEL, MD, Robert L	Philadelphia
PERKINS, MD, Charles G	Luzerne
PERLIN, MD, Mark W	Allegheny
PERLMAN, MD, Abraham	Philadelphia
PERLMAN, MD, Henry H	Philadelphia
PERLMAN, MD, Herbert C	Cumberland
PERLMUTTER, MD, Gordon S	Berks
PERLOFF, MD, Leonard J	Philadelphia
PERLOSKI, MD, Leo	Schuylkill
PERLSTEIN, MD, Samuel M	Philadelphia
PERMAN, MD, Mark L	Philadelphia
PERNA, MD, Francis X	Dauphin
PERNESKI, MD, Robert L	Elk/Cameron

PEROUTKA, MD, Kathryn	Dauphin
PERRI, MD, Francis R	Allegheny
PERRI, MD, John A	Allegheny
PERRICCI, MD, Ellen S	Berks
PERRIGE, MD, William M	Northumberland
PERRIN, MD, Ronald L	Allegheny
PERRIN, MD, Samuel R	Allegheny
PERRINE, MD, Jane E	Philadelphia
PERRONE, MD, Frank F R	Fayette
PERRONE, MD, Frank M	Allegheny
PERRONE JR, MD, Frank P	Westmoreland
PERROTTA JR, CHARLES	Allegheny
PERROTTO, MD, Santle L	Philadelphia
PERRY, MD, Anthony M	Lackawanna
PERRY, MD, James M	Montour
PERRY, MD, John F	Chester
PERRY, MD, Lee C	Beaver
PERRY, MD, Ralph L	Mercer
PERRY, MD, Raymond A	Bradford
PERRY, MD, Ruth E	Philadelphia
PERRY JR, JOHN N	Allegheny
PERRYMAN, MD, Charles A	Allegheny
PERRYMAN, MD, Charles R	Allegheny
PERSHING, MD, Hugh S	Bucks
PERSIC JR, MD, Louis A	Centre
PERSING, MD, John H	Union
PERSING JR, MD, Harry M	Blair
PERSKY, MD, Abram H	Philadelphia
PERSON, MD, Morgan D	Lehigh
PESKE, MD, Edgar D	Erie
PESSOLANO, MD, Carl J	Allegheny
PESSOLANO, MD, Francis X	Somerset
PESSOLANO, MD, Frank J	Allegheny
PETER, MD, Mohan	York
PETERNEL, MD, Wayne W	Allegheny
PETERS, MD, Charles D	Lehigh
PETERS, MD, Frank S	Luzerne
PETERS, MD, Harold E	Lancaster
PETERS, MD, John W	Lackawanna
PETERS, MD, Leonard L	Venango
PETERS, MD, Michael	Bucks
PETERS, MD, Raymond F	Washington
PETERS, MD, Richard A	Warren
PETERS, MD, Robert J	Fayette
PETERS, MD, Stanley F	Bucks
PETERS, MD, Vaughan	Allegheny
PETERS, MD, Walter K	Northampton
PETERS, DO, William S	Lackawanna
PETERS II, MD, C A P	Lycoming
PETERS III, MD, Ray F	Bucks
PETERS III, MD, Robert H	Schuylkill
PETERS JR, MD, Robert H	Luzerne
PETERSOHN, MD, J Randolph	Montgomery
PETERSON, MD, Arthur L	Montgomery
PETERSON, MD, Clifford M	Erie
PETERSON, MD, Donald D	Philadelphia
PETERSON, ERIC D	Allegheny
PETERSON, MD, Glenn R	Lycoming
PETERSON, JACQUELINE R	Allegheny
PETERSON, MD, Joseph A	Allegheny
PETERSON, MD, Karl R	Bradford
PETERSON, MD, Roger D	Lancaster
PETERSON JR, MD, Charles B	Lancaster
PETERSON JR, MD, Jay B	Westmoreland
PETILLA, MD, Mariano E	Allegheny
PETIT, MD, Charles D	Indiana
PETKUS, MD, John A	Wayne/Pike
PETRAGLIA, MD, Angelo A	Allegheny
PETRAGLIA, MD, Paul	Allegheny
PETRAUSKI, MD, Gary T	Bucks
PETRE JR, MD, John H	Erie
PETRICK, MD, Thomas P	Westmoreland
PETRO, MD, Dimitri M	Washington
PETRUCCELLI, MD, Nicholas D	Northampton
PETRUNCIO, MD, George J	Montgomery
PETT JR, MD, Stephen D	Erie
PETTAPIECE JR, MD, Milton C	Allegheny
PETTERSON, MD, Eric	Schuylkill
PETTI, MD, Theodore A	Allegheny
PETTINATO, MD, Salvatore R	Lackawanna
PETTINELLI, DO, Frank P	Philadelphia
PETTIT, MD, Horace	Philadelphia
PETTIT, MD, Mary D	Philadelphia
PETZ, DO, Darrell W	Allegheny
PEVAR, MD, Joel B	Philadelphia
PEVNY, MD, Ernest	Monroe
PEW, MD, Joseph N	Berks
PEZZI, MD, Christopher M	Montour
PEZZI, MD, Pio J	Montgomery
PEZZUTI, MD, John E	Dauphin
PFAEFFLE, MD, Hugo H	Allegheny
PFEFFER, MD, William H	York
PFEFFER, MD, William H	Philadelphia
PFEIFER III, MD, William F	Westmoreland
PFEIFFER, MD, Mildred C	Philadelphia
PFEIL, MD, Russell W	Lycoming
PFISTER, MD, John A	Montgomery
PFLUGFELDER, MD, Elizabeth A	Montgomery
PFOHL, MD, David N	Philadelphia
PFRIMMER, MD, Wayne J	Allegheny
PFROMMER, MD, James H	Bucks
PHADKE, MD, Madhav V	Venango
PHADKE, MD, Usha M	Venango
PHAN, MD, Ngoc An	Philadelphia
PHANSE, MD, Kalyani M	Washington
PHANSE, MD, Mohan S	Allegheny
PHARR, MD, William F	Montour
PHATAK, MD, Meena V	Montgomery
PHEASANT, MD, Thomas R	Dauphin
PHELAN, MD, Gerald R	Montgomery
PHELAN, MD, Thomas I	Philadelphia
PHELAN, MD, William J	Lehigh
PHELPS, MD, William R	Erie
PHEMISTER, MD, Thurman L	Elk/Cameron
PHIAMBOLIS, MD, Thomas P	Montgomery
PHILBIN, MD, Joseph F	Lackawanna
PHILLIPS, MD, Howard T	Allegheny
PHILLIPS, MD, J Douglas	Dauphin
PHILLIPS, MD, Jane A	Allegheny
PHILLIPS, MD, John C	Allegheny
PHILLIPS, MD, John D	Lancaster
PHILLIPS, MD, John G	Allegheny
PHILLIPS, MD, Paul F	Dauphin
PHILLIPS, MD, Philip	Allegheny
PHILLIPS, MD, R Wayne	York
PHILLIPS, MD, Spencer D	Lancaster
PHILLIPS, MD, Vernon R	Dauphin
PHILLIPS, MD, William A	Philadelphia
PHILLIPS, MD, William J	Bradford
PHILLIPS, MD, William W	Allegheny
PHILLIPS III, MD, Chester A	Allegheny
PHILLIPS JR, MD, C Aiken	Allegheny
PHITAYAKORN, MD, Chit	Allegheny
PHITAYAKORN, MD, Preyaratt	Allegheny
PIATNEK-LEUNISSEN, MD, Dorothy A	Delaware
PIATT III, MD, John E	Centre
PIAZZA, MD, Michael R	Delaware
PICCINI, MD, Paul A	Dauphin
PICCIONI, MD, Lawrence	Philadelphia
PICCONE, DO, Bruce R	Philadelphia
PICK, MD, Ernest J	Philadelphia
PICKAR, MD, James H	Delaware
PICKENS, MD, Peter V	Montgomery
PICKERILL, MD, Robert G	Cambria
PICKERING, MD, Harold C	Philadelphia
PICKERING, MD, Jack E	Montgomery
PICZON, MD, Oscar Y	Lackawanna
PICZON, MD, Severino Y	Lackawanna
PIDUTTI, MD, Richard W	Cambria
PIEGARI, MD, Guy N	Berks
PIERCE, MD, Gregory H	Montgomery
PIERCE, MD, Jack W	Philadelphia
PIERCE, MD, James C	Montour
PIERCE, MD, Leslie S	Westmoreland
PIERCE, MD, Lori J	Philadelphia
PIERDON, MD, Steven B	Schuylkill
PIEROTTI, MD, Richard J	Montgomery
PIERSON, MD, Steven B	Bucks
PIETRAGALLO, MD, Louis D	Allegheny
PIFER, MD, Gerald W	Allegheny
PIFER, DO, John F	Berks
PIGOZZI, MD, William N	Allegheny
PIKE, MD, Anne H	Philadelphia
PIKE, MD, Debra S	Indiana
PILAREK, MD, Valentine F	Luzerne
PILEGGI, MD, Anthony J	Montour
PILEWSKI, MD, Robert M	Venango
PILGRAM, MD, Philip A	Centre
PINEDA, MD, Honorio G	Fayette
PINKERTON, DO, Richard A	Cambria
PINSK, MD, Jeffrey H	Philadelphia
PINSKI, MD, Gabriel	Philadelphia
PINTIMALLI, MD, Joseph T	Philadelphia
PINTO, MD, Thomas B	Allegheny
PIOTROWSKA, MD, Lucy B	Montgomery
PIPER, MD, Donald E	York
PIPER, MD, Russell W	Washington
PIRAINO, MD, Anthony J	Delaware
PIRANIAN, MD, Scott S	Beaver
PIROCH, MD, Joseph G	Crawford
PIROLI, MD, Robert J	Allegheny
PIRRELLO, MD, Anthony M	Butler
PIRRIS, MD, John	Washington
PISANO, MD, Daniel J	Philadelphia
PISTON, MD, Robert W	Philadelphia
PISTONE, MD, Gregory A	Philadelphia
PISULA JR, MD, Vincent P	Adams
PISZCZEK, MD, Joseph E	Luzerne
PITCAVAGE, MD, James G	Allegheny
PITKIN, MD, John T	Mckean
PITTENGER, MD, Mary A	Philadelphia
PITTENGER, MD, Rex A	Allegheny
PITTS, MD, William H	Armstrong
PITYK JR, MD, Peter E	Allegheny
PIWOZ, MD, Seymour	Philadelphia
PIXLER, MD, Mary G	Berks
PIZZANO, MD, Joseph A	Philadelphia
PIZZI, MD, Wilson B	Washington
PIZZICA, DO, Albert L	Philadelphia
PIZZUTILLO, MD, Peter D	Philadelphia
PLACCI, MD, Carlos A	Allegheny
PLACE, MD, Elmer R	Lebanon
PLAGATA, MD, Edith M	Delaware
PLANO, DO, Vincent F	Northampton
PLATT, MD, Benjamin B	Schuylkill
PLATT, MD, Ruth M	Philadelphia
PLAYFOOT, MD, Donald E	Lancaster
PLAZA-PONTE, MD, Mario T	Allegheny
PLESSET, MD, Marvin R	Allegheny
PLEVA, STEPHANIE G	Students
PLISKIN, MD, Mark	Monroe
PLOTKIN, MD, Stanley A	Philadelphia
PLOTZKER, MD, Richard I	Chester
PLOURDE, MD, Paul V	Lancaster
PLUMB, MD, James D	Centre
PLUME, MD, Theodore W	Montgomery
PLUMMER, MD, Lloyd G	Westmoreland
PLUMMER, MD, Robert A	Cambria
PLUMMER 3RD, MD, William	Chester
PLUMMER JR, MD, Robert E	Mifflin/Juniata
PLUNDO, DO, Gary P	Westmoreland
PLUNDO, DO, Larry J	Westmoreland
PLUNKETT, MD, Francis X	Allegheny
PLUTNICKI, MD, Ronald S	Lancaster
PLYMYER, MD, Ray E	Berks
POBER, MD, Hymen A	Allegheny
POBER, MD, Iren J	Allegheny
POCHAPIN, MD, Sherman W	Allegheny
PODBOY, MD, August J	York
PODELL, DO, Joel C	Philadelphia
PODELL, MD, Morris J	Philadelphia
PODOLSKY, MD, Sherman M	Philadelphia
PODRASKY, MD, David F	Bucks
POEHLMANN, NANCY T	Students
POGGI, DO, Alfred J	Somerset
POHL, MD, Charles E	Lancaster
POINSARD, MD, Paul J	Philadelphia
POKORNEY, MD, Bruce H	Lancaster
POKORNEY, MD, Dale R	Mercer
POKORNY, KATHRYN A	Allegheny
POLACHECK JR, MD, William J	Dauphin
POLAKOFF II, MD, Pedro	Philadelphia
POLAM, MD, Chandra R	Allegheny
POLAN, MD, Simon	Philadelphia
POLANSKY, JERROLD S	Students
POLANSKY, MD, John B	Montgomery
POLCINO, MD, Samuel C	Philadelphia
POLENTA, MD, John P	Allegheny
POLIDORA, MD, Frank C	Luzerne
POLIDORA, MD, Joseph J	Allegheny
POLIN, MD, Edward B	Philadelphia
POLINER, MD, Hime S	Northampton
POLINTAN, MD, Rodolfo S	Clearfield
POLIS, MD, Mark J	Lycoming
POLISHOOK, MD, Robert D	Philadelphia
POLK, MD, Lewis D	Philadelphia
POLK, MD, Miriam R	Dauphin
POLL, MD, David S	Philadelphia
POLLACK, MD, David S	Blair
POLLACK, MD, Dorothy J	Allegheny
POLLACK, MD, Howard M	Philadelphia
POLLER, MD, William R	Allegheny
POLLICE, MD, Philip G	Allegheny
POLLINO, MD, Vincent	Lackawanna
POLLOCK, MD, Arthur E	Blair
POLLOCK, MD, Burton H	Allegheny
POLLOCK, MD, Jeffrey L	Philadelphia
POLLOCK, MD, Michael S	Indiana
POLSKY, MD, Harry S	Montgomery
POMERANTZ, MD, Arthur H	Philadelphia
POMERANTZ, MD, Marc B	Allegheny
POMERANTZ, MD, Philip A	Berks
POMMERSHEIM, MD, William J	Lawrence
POMPILIO, MD, Kenneth J	Bedford
POMPIZZI, MD, Ermin D	Philadelphia
POMPONIO, MD, Joseph G	Northampton
POND, MD, Harold S	Monroe
PONTARELLI, MD, Domenic J	Philadelphia
PONTZ, MD, Jack B	Lancaster
PONTZER, MD, Herbert	Elk/Cameron
POOL, MD, Champe C	Dauphin
POOLE, MD, Edward F	Bucks
POOLE, MD, Jay H	Westmoreland
POOLE, MD, Robert	Chester
POORE, MD, George C	Potter
POORMAN, MD, S Sturgis	Montgomery
POPAT, MD, Anjana V	Dauphin
POPE, MARYBETH	Allegheny
POPHAL, MD, Mahlon J	Lycoming
POPKIN, MD, Mark D	Philadelphia
POPKY, MD, George L	Philadelphia
POPLAWSKY, MD, Deborah A	Union
POPOLOW, MD, Michael L	Montgomery
POPORAD, MD, George A	Philadelphia
POPOVICH, MD, John E	Allegheny
POPP, MD, Carol A	Philadelphia
PORKOLAB, MD, Frederick L	Allegheny
PORR, MD, George H	Dauphin
PORRECA, MD, Eugene G	Philadelphia
PORRECA, MD, George A	Philadelphia
PORT, MD, Brian R	Tioga
PORTER, MD, Edgar L	Chester
PORTER, MD, Lynne E	Allegheny
PORTER, MD, Mary M	Philadelphia
PORTER JR, MD, William F	Lancaster
PORTMAN, MD, Mary A	Allegheny
PORTNER, MD, Jay H	Philadelphia
PORTNOW, MD, Jay M	Bucks
PORTZ, MATTHEW C	Students
POSATKO, MD, Peter C	Luzerne
POSATKO, MD, Robert J	Philadelphia
POSEY, MD, Dale M	Lancaster
POSEY, MD, Stephanie Y	Philadelphia
POSNER, MD, Joel D	Montgomery
POSNER, DO, Michael H	Adams
POSNEY, MD, Joseph J	Mercer
POSSANZA, MD, Carl J	Lackawanna
POST, MD, Jarvis H	Cambria
POST, MD, Robert M	Lehigh
POST, WILLIAM R	Students
POSTERNACK, MD, Melwyn L	Philadelphia
POSUNIAK JR, DO, Edward A	Philadelphia
POTASH, MD, George C	Lebanon
POTE JR, MD, Harry H	Cambria
POTELUNAS, MD, Clement B	Lackawanna
POTERA, MD, Leo P	Luzerne
POTKONSKI, MD, Leopold A	Berks
POTNIS, MD, Asha V	Allegheny
POTORSKI, MD, Robert D J	Luzerne
POTSIC, MD, William P	Philadelphia
POTTASH, MD, Ruben R	Philadelphia
POTTER, MD, Jeffrey N	Dauphin
POTTER, MD, Robert H	Allegheny
POTTER JR, MD, Howard P	Chester
POTTER JR, MD, Robert H	Allegheny
POTTS, MD, Asa W	Chester
POULLIOTT, MD, Jerome W	Elk/Cameron
POUTOUS, MD, George W	Allegheny
POUX, MD, Paul T	Crawford
POWELL, MD, Edwin J	Philadelphia
POWELL, MD, James R	Allegheny
POWELL, MD, Mary M	Montgomery
POWELL JR, MD, Oscar M	Allegheny
POWELL JR, DO, Thomas F	Philadelphia
POWER, DO, Theresa C	Delaware
POWERS, MD, Donald V	Delaware
POWERS, MD, Victor J	Lehigh
POWERS JR, MD, Francis M	Lycoming
POZZA, MD, Nicholas J	Venango
PRABHU, MD, Anil	Allegheny
PRABHU, MD, Nalina	Allegheny
PRADHAN, MD, Anil G	Mckean
PRADHAN, MD, Ramesh S	Philadelphia
PRAGER, MD, David	Lehigh
PRAKASH, MD, Murthappa N	Luzerne
PRALL, MD, Robert C	Philadelphia
PRANCKUN, MD, Peter J	Lancaster
PRANCKUN, MD, Peter P	Lancaster
PRASAD, MD, Ajit K	Chester
PRASAD, MD, Mahadevappa M	Butler
PRASAD, MD, Shishir C	Luzerne
PRATT, MD, Robert S	Lancaster
PRATT, MD, Russell J	Columbia
PREATE, MD, Donald L	Lackawanna
PREBOLA JR, WILLIAM R	Students
PREHATNY, MD, John R	Philadelphia
PREININGER, MD, Edward R	Allegheny
PRELI, MD, Olindo J	Lackawanna
PRENDERGAST, MD, Maurice D	Beaver
PRENDERGAST, MD, Michael J	York
PRENSKY, MD, Jay G	Dauphin
PRESPER, MD, John H	Luzerne
PRESS, MD, Allan J	Allegheny
PRESS, MD, Arthur J	Delaware
PRESS JR, MD, Richard A	Bucks
PRESSMAN, MD, Edmund N	Chester
PRESSMAN, MARK J	Students
PRESSMAN, MD, Maurie D	Philadelphia
PRESSMAN, MD, Natalie S	Montgomery
PRESSMAN, MD, Robert S	Philadelphia
PRESTEL JR, MD, Thomas F	Delaware
PRESTIFILIPPO, MD, Orazio	Northampton
PRESTON, MD, Vernon H	York
PRETTER, MD, Paul D	Allegheny
PREUCEL, MD, Robert W	Philadelphia
PRIBITKIN II, EDMUND D	Students
PRICE, MD, Albert C	Lancaster
PRICE, MD, Alfred R	Allegheny
PRICE, MD, Benjamin E	Philadelphia
PRICE, MD, Edwin M	Somerset
PRICE, MD, Joseph J	Delaware
PRICE, MD, Joseph W	Philadelphia
PRICE, MD, Karen A	Bradford
PRICE, MD, Raphael I	Philadelphia
PRICE, MD, Richard E	Cambria
PRICE, MD, Richard T	Bucks
PRICE, MD, Robert K	Lancaster
PRICE JR, MD, Henry L	Philadelphia
PRICE JR, MD, Stuart E	Allegheny
PRICENER, VALERIE M	Allegheny
PRICKETT, MD, John A	Bucks
PRIEM, MD, Robert W	Montgomery
PRIMIANO, MD, George A	Monroe
PRIN, MD, William	Allegheny
PRIN, MD, William A	Adams
PRINCE, MD, Edward R	Centre
PRINCE, MD, Richard B	Philadelphia
PRINGLE, MD, Robert W	Allegheny
PRIOLETTI, MD, John P	Lawrence
PRISTAS, MD, Michael S	Schuylkill
PRITT, MD, Pauline	Montgomery
PRITTS, MD, Rose M	Westmoreland
PRIVITERA, MD, Louis A	Monroe
PROBST, MD, Susan J	Berks
PROCACCI, MD, Pasquale M	Philadelphia
PROCOPIO, MD, Frank	Dauphin
PROKHOV, MD, Vassil K	Allegheny
PROMISLOFF, DO, Robert A	Philadelphia
PROMUBOL, MD, Yuwaree	Westmoreland
PRONTNICKI, MD, Janice L	Philadelphia
PROOTHI, MD, Subhash C	Lehigh
PROPST, MD, Harry D	Wayne/Pike
PROPST-PROCTOR, MD, Sandra L	Wayne/Pike
PROROK, MD, Joseph J	Lehigh
PROSERPI, MD, Sergio V	Berks
PROSSER, MD, John O	Blair
PROSTKO, MD, E Richard	Allegheny
PROUDFIT, MD, J Paul	Washington
PROVENCIO, MD, Florencio	Lebanon
PROWELL, MD, Joseph W	Lancaster
PROY, MD, Bernard C	Erie
PRUCHNIC, MD, William F	Cambria
PRUITT, MD, John D	Montgomery
PRUSAKOWSKI, DO, Joseph M	Clarion
PRUTZMAN, MD, L Donald	Chester
PRYOR JR, MD, Charles A	Bucks

PRYSTOWSKY, MD, Harry	Dauphin
PRYSTOWSKY, MD, Janet H	Montgomery
PUBLICKER, MD, Mark R	Allegheny
PUCEVICH, MD, Maria V	Allegheny
PUGH, MD, James E	Philadelphia
PUGLIESE, MD, August A	Armstrong
PUGLIESE, MD, Joseph F	Luzerne
PUGLISI, MD, Anthony S	Philadelphia
PUGLISI, MD, Vincent	Philadelphia
PUHALLA, MD, Cyril M J	Lackawanna
PUIG-ANTICH, MD, Joaquim	Allegheny
PUJARA, MD, Mahendra M	Schuylkill
PULEIO, DONNA V	Allegheny
PULLEKINCS, JOSEPH W	Allegheny
PULLEN, MD, Harvey T	Monroe
PUMA, MD, Samuel J	Luzerne
PUNDIAK, MD, Terry J	Northampton
PUNZALAN JR, MD, Catalino G	Elk/Cameron
PUPI, MD, Paul A	Beaver
PURKAYASTHA, MD, Arindam	Susquehanna
PURPURA, MD, Lawrence J	Allegheny
PURPURA, MD, Thomas R	Allegheny
PURSELL, MD, Robert N	Northampton
PUSCHAK, MD, Russell B	Lehigh
PUSHKAREWICZ, MD, Michael J	Philadelphia
PUTHAWALA, MD, Anwer H	Montour
PUTMAN, MD, George W	Lawrence
PUTNAM, MD, Richard C	Philadelphia
PUTPRUSH, MD, Joseph R	Luzerne
PUTTERMAN, MD, Karen G	Philadelphia
PYATT JR, MD, Robert S	Franklin
PYTKO, MD, Valentine F	Montour

Q

QUAGLIO, MD, Nannette D	Mercer
QUALLS, MD, Donald M	Philadelphia
QUATTRONE, MD, Charles G	Allegheny
QUERCI, DO, John C	Luzerne
QUEREAU, MD, J Van Dyke	Berks
QUERIMIT, MD, Jorge A	Lycoming
QUESADA, MD, Manuel F	Dauphin
QUICKEL, MD, Kenneth E	Dauphin
QUIETSON-RAVANO, MD, Paraluman R	Allegheny
QUILL, MD, Joseph R	Montgomery
QUILO, MD, Felicidad F	Northampton
QUILO, MD, Lino S	Northampton
QUINEY JR, MD, James J	Northampton
QUINLIN, MD, Robert F	Allegheny
QUINN, MD, Dianne M	Bucks
QUINN, MD, Donn R	Northampton
QUINN, MD, Graham E	Philadelphia
QUINN, MD, John R	Cambria
QUINN, DO, Philip L	Mifflin/Juniata
QUINN, ROBERT H	Students
QUINN, MD, Vincent J	Philadelphia
QUINN JR, MD, Norman J	Montgomery
QUINT, MD, Donald H	Allegheny
QUINTERO, MD, Miguel J	Allegheny
QURASHI, MD, Sultana K	Bucks

R

RAAB, MD, David B	Lancaster
RAAB, MD, Michael F	Northampton
RABIN, MD, Harold S	Dauphin
RABIN, MD, Sidney C	Chester
RABINOWITZ, MD, Howard K	Philadelphia
RABINOWITZ, MD, Jerry P	Allegheny
RABSON, MD, Joseph A	Montgomery
RABSON, MD, Moses	Philadelphia
RACCIATO, MD, Peter J	Monroe
RACHO, MD, George J	Luzerne
RACKOW, MD, Lawrence L	Philadelphia
RADBILL, MD, Samuel X	Philadelphia
RADBILL, MD, Sidney G	Philadelphia
RADECKI, MD, Paul D	Philadelphia
RADER, MD, Mark D	Lehigh
RADFAR, MD, Nezam	Allegheny
RADFAR, MD, Rouhangiz H	Allegheny
RADICE, MD, Eugene D	Columbia
RADIO, MD, Gregory J	Lehigh
RADKE, MD, Timothy A	Philadelphia
RADLER, MD, John K	Beaver
RADSMA, MD, Douwe L	Adams
RAEUCHLE, DO, Randal R	Dauphin
RAFALKO, MD, David M	Beaver
RAFFENSPERGER, MD, Bruce W	Philadelphia
RAFTIS, MD, John T	Luzerne
RAGGI, MD, Fiora	Philadelphia
RAGONE, MD, Daniel J	Philadelphia
RAGONESI, MD, Susan B	Philadelphia
RAGOOR, MD, Kumar R	Allegheny
RAGOOWANSI, ASHVIN T	Allegheny
RAGOOWANSI, MD, Tulsidas N	Beaver
RAHAM, MD, David C	Dauphin
RAHAUSER, MD, David M	Franklin
RAHMAN, MD, Owen R	Philadelphia
RAHNER, MD, Richard A	Erie
RAI, MD, Rajesh H	Lehigh
RAICH, MD, William A	Lancaster
RAIFORD, MD, John W	Bucks
RAINES, MD, Herbert S	Philadelphia
RAINEY, MD, Edward C	Blair
RAISCH, MD, Frederick J	Mercer
RAIZMAN, MD, Richard E	Allegheny
RAJ, MD, Stephen S	Erie
RAJA, MD, Rasib M	Philadelphia
RAJAN, MD, Sanda	Chester
RAJARATNAM, MD, Emma P	Philadelphia
RAJASENAN, MD, Vasudevan	Lawrence
RAJJOUB, MD, Rodwan K	Lycoming
RAJU, MD, Rudraraju P	Blair
RAKAUSKAS, MD, William	Philadelphia
RAKLEWICZ, MD, Michael C	Luzerne
RALPH, MD, Nathan	Philadelphia
RALSTON, MD, Edgar L	Philadelphia
RALSTON, MD, Emerald M	Erie
RALSTON, MD, James C	Fayette
RAM, MD, Sant	Erie
RAMAGE, MD, Ann L	York
RAMAKRISHNA, MD, Nagamalli	Allegheny
RAMAKRISHNA, MD, Srinivasarao	Lackawanna
RAMAN, MD, Asha	Allegheny
RAMAN, MD, Gita S	Bradford
RAMASASTRY, MD, Sai S	Allegheny
RAMBACH, MD, Leonard	Lancaster
RAMESH, MD, Makum L	Allegheny
RAMIK, MD, Otto E	Allegheny
RAMIREZ, MD, Constancio	Franklin
RAMIREZ, MD, Renato P	Crawford
RAMOS-CARO, MD, Jose L	Lehigh
RAMOS-TARAMPI, MD, Lourdeline G	Philadelphia
RAMOSKA, MD, Edward A	Philadelphia
RAMS, MD, James J	Allegheny
RAMSEY II, MD, William H	Montgomery
RAMSEY JR, MD, Harry E	Berks
RANA, MD, Nilesh C	Philadelphia
RANCIER, MD, Lee F	Lackawanna
RANCK, MD, Sidney G	Bradford
RANDALL, MD, J Perlingiero	Montgomery
RANDALL, MD, Peter	Philadelphia
RANDALL, MD, Rodney R	Allegheny
RANDALL IV, MD, Alexander	Montgomery
RANIERI, MD, Tito A	Philadelphia
RANII, MD, Carmello A	Allegheny
RANKIN, MD, James S	Allegheny
RANKIN, MD, Kevin P	Centre
RANKIN, MD, Larry S	Cumberland
RANKIN, MD, Paul H	Mercer
RANKIN, MD, Robert C	Allegheny
RANKIN, MD, Samuel G	Allegheny
RANKIN, MD, Thomas V	York
RANNELS, MD, Herman W	Lycoming
RAO, MD, B Venkat	Allegheny
RAO, MD, Gutti P	Westmoreland
RAO, MD, Kasuganti V	Allegheny
RAO, MD, Lakshman	Mifflin/Juniata
RAO, MD, Leela K	Allegheny
RAO, MD, Madhava S	Lackawanna
RAO, MD, Muralidhara S	Allegheny
RAO, MD, Nalini G	Allegheny
RAO, PETER A	Students
RAO, MD, Ramdev K	Allegheny
RAO, MD, Rayasam H	Allegheny
RAO, MD, T Gopal	Allegheny
RAO, MD, Usha G	York
RAPHAEL, MD, Paul S	Lehigh
RAPHAELY, MD, Russell C	Philadelphia
RAPOPORT, MD, Abraham M	Montgomery
RAPP, JEFFREY S	Students
RAPPAPORT, MD, Melvin M	Lehigh
RASANSKY, MD, Harry N	Philadelphia
RASCOE JR, MD, Robert R	Philadelphia
RASHID, MD, Abdul	Schuylkill
RASHID, MD, Ayesha	Allegheny
RASHID, MD, Kausar	Allegheny
RASHKIS, MD, Harold A	Philadelphia
RASO, MD, Dominic J	Northampton
RASTI, MD, Reza	Allegheny
RATHGEB, MD, John M	Westmoreland
RATKE, MD, Henry V	Lycoming
RATNER, MD, Jeffrey A	Centre
RATNER, MD, Richard R	Delaware
RAU, MD, Ramnath S	Mercer
RAU, MD, Raymond L	Allegheny
RAUB, MD, James A	Allegheny
RAUB, MD, Jeffrey D	Venango
RAUCH, MD, Douglas	Mercer
RAUER, MD, Lester	Philadelphia
RAVANO, MD, Jose F	Allegheny
RAVEL, MD, Robert L	Montgomery
RAVETZ, DO, Robert S	Philadelphia
RAVITCH, MD, Mark M	Allegheny
RAVITZ, MD, Gerald A	Schuylkill
RAWNSLEY, MD, Herbert H	Washington
RAWSON, MD, Helen H	Montgomery
RAY, MD, Richard L	Allegheny
RAY, MD, Tarun K	Philadelphia
RAYMOND, MD, Joseph W	Cambria
RAYMOND, MD, Paul A	Cambria
RAYMOND JR, MD, Fred D	Montgomery
RAYMUNDO, MD, Rosalinda R	Lawrence
RAYMUNDO III, MD, Ricardo B	Lawrence
RAYNAK, MD, Frank R	Mercer
RAYNER, MD, Mark E	Philadelphia
RAYNES, MD, Stanton M	Bucks
RAZA, MD, Hyder S	Carbon
RAZURI, MD, Rafael G	Northampton
READ, MD, Stephen G	Allegheny
REAGAN, MD, Marie A	Allegheny
REAL, MD, Adelina	Philadelphia
REAL, MD, Mark B	Chester
REAMER, MD, Donald M	Venango
REAMS, MD, Carl L	Montour
REARDON, MD, Paul L	Washington
REBER, MD, Howard F	Berks
RECALDE, MD, Carlos M	Mifflin/Juniata
RECH, MD, Frank M	Delaware
RECIK, MD, Halit	Philadelphia
RECIO, MD, Conrado M	Erie
RECIO, MD, Rolando G	Allegheny
RECKER, MD, Scott F	Allegheny
RECTOR, MD, Robert D	Franklin
RED, MD, Donald E	Delaware
REDA, MD, Frank A	Allegheny
REDDING, MD, Willis A	Bradford
REDDY, MD, Jaiveer T	Clarion
REDDY, MD, Patricia A	Dauphin
REDDY, MD, Pushpamala P	Armstrong
REDDY, MD, Rajidi M	Lycoming
REDDY, MD, Subash C	Philadelphia
REDDY, MD, V Saraswathi	Bradford
REDEL, MD, Walter A	Lackawanna
REDENBAUGH, MD, James E	Lehigh
REDKA, MD, James W	Lycoming
REECE, MD, William W	Philadelphia
REED, MD, Carol R	Philadelphia
REED, MD, Clifford A	Berks
REED, MD, Darrell K	Allegheny
REED, MD, David E	Allegheny
REED, MD, David M	Allegheny
REED, MD, David T	Montgomery
REED, MD, Elmer M	Centre
REED, MD, Janis E	Allegheny
REED, MD, Lola S	Chester
REED, MD, Mark S	Berks
REED, MD, Michael F	Clearfield
REED, MD, Peter W	Philadelphia
REED, MD, W Glenn	Allegheny
REEFER, MD, John C	Butler
REEKIE, MD, Timothy G	Philadelphia
REEL, MD, Charles M	Westmoreland
REES, MD, David B	Berks
REESE, MD, Edward F	Allegheny
REESE, MD, Fred W	Columbia
REESE, MD, Richard W	Lancaster
REESE, MD, Walter D	Philadelphia
REESE JR, MD, Evan C	Northampton
REFOWICH, MD, Richard S	Northampton
REGALADO, MD, Regulus D	Union
REGAN, MD, James R	Northampton
REGANIS, MD, John C	Northampton
REGEC, MD, Stephen P	Elk/Cameron
REGINELLA, RUTHANE F	Students
REH, MD, Richard C	Cumberland
REHEIS, MD, John P	Philadelphia
REHFUSS, MD, Kathleen L	Dauphin
REICH, MD, Sylvia R	Luzerne
REICH, MD, Thomas S	Venango
REICH, MD, William P	Tioga
REICHARD, MD, Alison	Allegheny
REICHARD, MD, James L	Centre
REICHARD, MD, Richard C	Berks
REICHLE, MD, Frederick A	Philadelphia
REIDELL, MD, John S	Centre
REIDENBERG, MD, Leon	Berks
REIFSNYDER, MD, William H	Berks
REIGART, MD, Paul M	York
REIGEL, MD, Donald H	Allegheny
REIGH, MD, Ernest E	Berks
REILLY, MD, Ann E	Chester
REILLY, MD, Charles M	York
REILLY, MD, Desmond J	Dauphin
REILLY, MD, James J	Allegheny
REILLY, MD, James J	Allegheny
REILLY, MD, John C	Erie
REILLY, MD, Michael J	Fayette
REILLY, MD, Phillip E	Fayette
REILLY JR, MD, James J	Allegheny
REILLY JR, MD, Philip J	Westmoreland
REILLY JR, MD, William M	Washington
REIMER, MD, Craig L	Schuylkill
REINA, MD, Charles R	Northampton
REINBOLD, MD, Raymond L	Montgomery
REINECKE, MD, Robert D	Philadelphia
REINHARD, MD, Ronald J	York
REINHARDT, MD, Pauline K	Lehigh
REINHART, MD, John W	Lehigh
REINHART JR, MD, Raymond B	Bucks
REINMUTH, MD, Oscar M	Allegheny
REINPRECHT, MD, James T	Philadelphia
REINSEL, MD, Richard C	Berks
REIS, MD, Claude J	Allegheny
REIS, MD, Paul B	Lycoming
REIS, MD, Walter J	Allegheny
REISH, MD, William G	Union
REISINGER JR, MD, William E	Washington
REISMAN, MD, Edward D	Allegheny
REITANO JR, MD, Joseph F	Delaware
REITER, MD, David	Philadelphia
REITZ, MD, Melvin L	Schuylkill
RELIGIOSO, MD, Eloisa P	Westmoreland
RELIGIOSO, MD, Erson L	Westmoreland
RELUZ, MD, Javier S	Montgomery
REMALY, MD, Donald A	Columbia
REMICK, DO, Paul F	Lackawanna
REMSBURG, STACIA T	Students
RENDIN, MD, Larry J	Delaware
RENDON, MD, Roberto	Bucks
RENKERT, MD, Elizabeth E	Berks
RENNERT, NANCY J	Allegheny
RENO, MD, Joseph D	Delaware
RENSIMER, MD, Wayne T	Bradford
RENTON, MD, Alan C	Allegheny
RENTSCHLER, MD, Henry D	Bradford
RENZ, MD, Robert T	Erie
RENZI, MD, Anthony M	Philadelphia
REPICE, MD, Ronald M	Delaware
REPPERT, MD, William D	Northampton
RESHMI, MD, Chandrappa S	Allegheny
RESNICK, MD, Albert B	Philadelphia
RESNICK, MD, Edward J	Philadelphia
RESNICK, MD, George J	Philadelphia
RESNICK, MD, Myron E	Delaware
RESNICK, MD, Paul H	Allegheny
RESNIK, MD, Alan M	Philadelphia
RESPET, MD, Patrick B	Lehigh
RESTAK, MD, Lewis J	Adams
RESTREPO, MD, James P	Philadelphia
RESURRECCION, MD, Rosario	Philadelphia
RETTIG, MD, Stephen J	Franklin
REUBEN, MD, Mark S	Berks
REVAK, MD, Blairanne H	Columbia
REVAK, DO, David J	Columbia
REX, MD, Eugene B	Montgomery
REX, MD, James C	Lehigh
REX, MD, Richard O	Philadelphia
REXRODE, MD, William O	York
REYES, MD, Alfredo M	Cambria
REYES, MD, John W	Greene
REYES, MD, Saturnino M	Beaver
REYES, MD, Vicente E	Allegheny
REYNA, MD, Oscar D	Westmoreland
REYNOLDS, JOHN W	Students
REYNOLDS, MD, Terence J	Venango
REZNAK, MD, Stephen E	Philadelphia
RHEE, MD, Ky Y	Fayette
RHIEW, MD, Francis C	Lackawanna
RHOADES, DO, Dennis W	Jefferson
RHOADS, MD, Donald V	Philadelphia
RHOADS, MD, Harry M	Cambria
RHOADS, MD, Jonathan E	Philadelphia
RHOADS JR, MD, Jonathan E	York
RHODE, MD, Marvin C	Montgomery
RHODES, MD, Michael	Lehigh
RHODES, MD, Robert A	Delaware
RHODES III, MD, Luther V	Lehigh
RHOOD, MD, Samuel G	Delaware
RIAL, MD, William Y	Delaware
RICCHETTI, MD, Robert J	Philadelphia
RICCHIUTI, MD, A George	Schuylkill
RICCHIUTI, MD, Joseph F	Schuylkill
RICCI, MD, Joseph A	Dauphin
RICCI, MD, Michael A	Bradford
RICCIUTTI, MD, Vincent	Mercer
RICE, MD, Donald H	Blair
RICE, MD, Eileen M	Allegheny
RICE, MD, Samuel A	Lancaster
RICE III, MD, John E	Lebanon
RICH, MD, Dean C	Montgomery
RICH, MD, James F	Dauphin
RICHARD, MD, David C	Montour
RICHARDS, MD, Frederick H	Bradford
RICHARDS, MD, John C	Bucks
RICHARDS, MD, Robert N	Franklin
RICHARDS JR, MD, Robert N	Franklin
RICHARDSON, MD, Claude E	Delaware
RICHARDSON, MD, George A	Philadelphia
RICHARDSON, MD, George S	Allegheny
RICHARDSON, MD, Harrison H	Beaver
RICHARDSON, MD, James E	Washington
RICHARDSON, MD, Paul A	Philadelphia
RICHARDSON, MD, Roosevelt	Allegheny
RICHARDSON, MD, Ross E	Washington
RICHEY, MD, James E	Cambria
RICHIE, MD, A Thomas	Bucks
RICHMAN, MD, Kenneth A	Philadelphia
RICHMOND, MD, Allen C	Philadelphia
RICHMOND, MD, Spencer I	Montgomery
RICHTER, MD, Howard A	Delaware
RICHTER, MD, Melvyn P	Philadelphia
RICHTER, MD, Paul L	Allegheny
RICHTER, MD, Tor	Allegheny
RICK JR, MD, William J	Luzerne
RICKELS, MD, Karl	Philadelphia
RICKETTS, MD, J Edward	Allegheny
RICKLOFF, MD, Raymond J	Erie
RIDELLA, MD, Peter J	Cambria
RIDGWAY, MD, William G	Lancaster
RIDOUT III, MD, Daniel L	Philadelphia
RIEGEL, MD, George E	Allegheny
RIEMER, MD, Barry L	Allegheny
RIEMER, MD, Joseph T	Montgomery
RIENZO, MD, Robert J	Lehigh
RIES, MD, Anthony N	Philadelphia
RIETHER, MD, Robert D	Lehigh
RIETHMILLER, MD, Grace L	Allegheny
RIFE, MD, Charles J	Dauphin
RIFFERT, MD, Paul M	Lancaster
RIFKIN, MD, Matthew D	Philadelphia
RIGANO JR, MD, Rudolph F	Lancaster
RIGG, MD, L Isobel	Philadelphia
RIGGLEMAN, MD, Michael P	Dauphin
RIGHTMYER, MD, John N	Berks
RIGHTOR, MD, John T	Venango
RIGHTS, MD, Theodore H	Berks
RIGNEY JR, MD, James H	Bucks
RIKE, MD, Paul M	Allegheny
RILEY, MD, Bernard J	Allegheny
RILEY, MD, Veryl M	Warren
RILLING, MD, David C	Bucks
RIM, MD, Jeung K	Lebanon
RIMPLE, MD, David F	Luzerne
RINARD, MD, Grafficus L	Bedford
RINCK II, MD, George W	Union
RINEHIMER JR, MD, John S	Wyoming

RING, MD, Ilona R	Delaware
RING, MD, Stephen I	Delaware
RINGAWA, MD, Peter E	Columbia
RINGIEWICZ, MD, Paul A	Delaware
RINGOLD, MD, Murray H	Bucks
RINKER, MD, R James	York
RIOFSKI, MD, Anthony F	Luzerne
RIPEPI, MD, Anthony C	Allegheny
RIPEPI, MD, Philip P	Allegheny
RIPLEY, MD, Peter M	Allegheny
RIPPLE, MD, Paul H	Lancaster
RISHI, MD, Usha S	Allegheny
RISING, MD, David C	Bucks
RISINGER, ROBERT C	Allegheny
RISMILLER, MD, Ross W	Schuylkill
RISSER, MD, Mark G	Berks
RITCHIE, MD, Charles A	Delaware
RITCHIE, MD, David J	Philadelphia
RITCHIE, MD, Laurence T	Allegheny
RITCHIE, MD, William G	Philadelphia
RITCHIE III, MD, John C	Philadelphia
RITCHIE JR, MD, Wallace P	Philadelphia
RITTENHOUSE, MD, Emory A	Allegheny
RITTENHOUSE, MD, Frank H	Allegheny
RITTENHOUSE, MD, George H	Allegheny
RITTER, MD, Charles W	Philadelphia
RITTER, MD, Deborah E	Philadelphia
RITTER, MD, Joseph G	Montgomery
RITTER, MD, Mario	Cambria
RITTER, MD, Thomas J	Schuylkill
RIVAS-FLORES JR, MD, Aureliano	Montgomery
RIVENBARK, MD, Judy S	Philadelphia
RIVERA, MD, Edwin A	York
RIVERA, JOSE M	Students
RIVERA, MD, Victor C	Bucks
RIXEY, MD, Charles O	Montour
RIZK, MD, Wafa I	Washington
RIZZARDI, MD, Roger N	Erie
RIZZO, MD, John S	Delaware
RIZZO, MD, Karen A	Philadelphia
RIZZO, MD, Samuel V	Luzerne
ROACHE, MD, Martin J	Chester
ROBB, MD, Marie E	Northampton
ROBBINS, MD, Howard S	Lancaster
ROBBINS, MD, Mark S	Philadelphia
ROBBINS, MD, Michael E	Dauphin
ROBBINS, MD, Robert	Philadelphia
ROBBINS, MD, Warren J	Lancaster
ROBBINS, MD, William S	Philadelphia
ROBERTS, MD, Andrew B	Philadelphia
ROBERTS, MD, Brooke	Philadelphia
ROBERTS, MD, Haskell E	Lancaster
ROBERTS, MD, Joan M	Philadelphia
ROBERTS, MD, John M	Philadelphia
ROBERTS, MD, Linda P	Westmoreland
ROBERTS, MD, Richmond C	Chester
ROBERTS, MD, William D	Lancaster
ROBERTS JR, MD, Philip G	Centre
ROBERTSON, MD, John J	Berks
ROBERTSON, MD, John L	Warren
ROBERTSON, MD, John W	Philadelphia
ROBERTSON, MD, Marilyn M	Philadelphia
ROBIN, DO, F Philip	Philadelphia
ROBINS, MD, Donald E	Allegheny
ROBINS, MD, Hugh B	Allegheny
ROBINS, MD, Isadore M	Luzerne
ROBINSON, MD, Frederick A	Philadelphia
ROBINSON, MD, Gary	Berks
ROBINSON, MD, James H	Philadelphia
ROBINSON, MD, Jay A	Blair
ROBINSON, MD, Joseph	Luzerne
ROBINSON, MD, Leslie E	York
ROBINSON, MD, Leslie S	Philadelphia
ROBINSON, MD, Michael L	Berks
ROBINSON, MD, Nathaniel M	Philadelphia
ROBINSON, MD, Richard F	York
ROBINSON, TONI M	Allegheny
ROBINSON JR, MD, Elliott S	Bradford
ROBINSON JR, MD, James J	Philadelphia
ROBISON, MD, Robert N	Dauphin
ROCCARIO, DO, Dante S	Delaware
ROCCO, MD, Martin J	Philadelphia
ROCCO, MD, Nicholas J	Philadelphia
ROCHE, MD, Charles A	Allegheny
ROCHE, MD, Karen R	Allegheny
ROCHE, MD, Robert J	Erie
ROCHE JR, MD, Edward J	Mckean
ROCIUNAS, MD, Ligija M	Philadelphia
ROCK, MD, Elizabeth D	Chester
ROCK, MD, James A	Cambria
ROCK, MD, Leonard L	Somerset
ROCKERFELLER, EDWIN P	Allegheny
ROCKOWER, MD, Roger A	Centre
RODA, DO, David M	Lancaster
RODA, MD, Paul I	Luzerne
RODENBERGER, MD, Bruce M	Lehigh
RODGERS, MD, Allan F	Philadelphia
RODGERS, MD, Charles J	Lycoming
RODGERS, MD, David M	Philadelphia
RODGERS, MD, Edson R	Beaver
RODGERS, MD, Florence E	Philadelphia
RODGERS, MD, Joseph F	Philadelphia
RODGERS, MARGARET L	Students
RODGERS, MD, Thomas P	Clinton
RODGERS 3RD, MD, William H	Montgomery
RODMAN, MD, Mitchell S	Philadelphia
RODMAN, MD, Theodore	Philadelphia
RODRIGUEZ, MD, Adolfo E	Berks
RODRIGUEZ, MD, Dolores E	Montour
RODRIGUEZ, MD, Edsel A	Northumberland
RODRIGUEZ, MD, George L	Philadelphia
RODRIGUEZ, MD, Julio A	Blair
RODRIGUEZ, MD, Rodolfo E	Dauphin
RODRIGUEZ, MD, Victor R	Northampton
ROE, MD, Hans S	Cumberland
ROE, MD, Jacqueline F	Lancaster
ROEDDER, MD, Susan L	Philadelphia
ROEDER, MD, Donald K	Cumberland
ROEDER, MD, Kathleen M	Bucks
ROEDIGER, MD, Paul M	Montgomery
ROFMAN, MD, Barry A	Montgomery
ROGAL, MD, Michael J	Allegheny
ROGALLA, MD, Charles S	Lackawanna
ROGERS, MD, Albert K	Lancaster
ROGERS, BERNETTA L	Students
ROGERS, BRENDA D	Students
ROGERS, MD, George E	Cambria
ROGERS, MD, Hugh J	Centre
ROGERS, MD, James F	Philadelphia
ROGERS, MD, John F	Northampton
ROGERS, MD, Jonathan J	Montgomery
ROGERS, MD, Kenneth D	Allegheny
ROGERS, MD, Kenneth J	Centre
ROGERS, MD, Pamela Y	Beaver
ROGERS, MD, Paul H	Chester
ROGERS, MD, R Claude	Philadelphia
ROGERS, MD, Vincent P	Erie
ROGERS JR, MD, Robert M	Armstrong
ROGERSON, MD, David R	Cambria
ROGEVICH, DO, Joseph E	Lancaster
ROGOW, MD, Edward	Allegheny
ROGOWSKI, MD, Raymond A	Chester
ROGUSKY, MD, Edwin J	Lehigh
ROHATGI, MD, Rajeev	Northampton
ROHLAND, MD, Donald V	Dauphin
ROHNER JR, MD, Thomas J	Dauphin
ROHRABAUGH JR, MD, Charles M	Dauphin
ROHRBECK, MD, Charles W	Centre
ROHRER, MD, G Victor	Dauphin
ROITMAN, MD, Harry B	Philadelphia
ROJAS, MD, Julio R	Luzerne
ROJER, MD, Charles L	Montgomery
ROKE, MD, Albert D	Berks
ROLAND, MD, Frederick H	Lehigh
ROLLO, MD, Daniel P	Lebanon
ROLLO, VINCENT J	Students
ROMAN, MD, Laurian	Philadelphia
ROMAN, MD, Stephen J	Westmoreland
ROMANO, JANET E	Students
ROMANO, MD, Joseph M	Allegheny
ROMANO, MD, Vincent E	Bucks
ROMANO JR, MD, Nicholas M	Northampton
ROMANO-JANA, MD, Lourdes R	Erie
ROMANOW, MD, Peter W	Philadelphia
ROMANZO, MD, George M	Montgomery
ROMBEAU, MD, John L	Philadelphia
ROMBERGER, CHARLES F	Students
ROMBERGER JR, MD, James A	Allegheny
ROMEIKA, MD, Mary M	Schuylkill
ROMEO, MD, Victoria J	Clinton
ROMIG, MD, Ronald S	Berks
ROMINGER, MD, C Jules	Chester
ROMM, MD, Daniel S	Dauphin
ROMMEL, MD, Catherine T	Montour
ROMMEL, MD, Frank L	Allegheny
ROMY, MD, Maurice I	Philadelphia
RONCO, DO, Domenick N	Union
RONGAUS, MD, William J	Washington
RONIS, MD, Bernard J	Philadelphia
RONIS, MD, Max L	Philadelphia
RONNERMANN, MD, Drew P	Montgomery
ROODE, MD, Albert G	Venango
ROODE, MD, Philip J	Venango
ROOKLIN, MD, Anthony R	Delaware
ROONEY, MD, Edward F	Allegheny
ROONEY, MD, Joseph W	Beaver
ROOS, MD, Alfred T	Erie
ROOS, MD, Leon	Adams
ROPPOLO, MD, Helen M	Allegheny
ROQUIZ, MD, Eliseo M	Erie
ROQUIZ JR, MD, Placido M	Erie
RORICK, MD, Nicholas R	Montgomery
RORKE III, MD, John H	Chester
ROS, MD, Emil J	Westmoreland
ROS, MD, Nydia C	Allegheny
ROSALES, MD, Gabriel B	Bucks
ROSAN, DO, Jay R	Montgomery
ROSAN, DO, Stuart W	Bucks
ROSARIO-LEON, MD, Nelson R	Dauphin
ROSATO, MD, Donald J	Chester
ROSATO, MD, Ernest F	Philadelphia
ROSATO, MD, Francis E	Philadelphia
ROSCH, MD, Jeffrey M	Centre
ROSCH, MD, Julius C	Blair
ROSCHEL, MD, Robert L	Lancaster
ROSCHER, MD, Atilio R	Northampton
ROSCKOWFF, MD, Carol M	Luzerne
ROSCOE, MD, Constantine	Philadelphia
ROSCOE, MD, Francis W	Lackawanna
ROSCOE, MD, Gregory J	Jefferson
ROSE, MD, Carol E	Allegheny
ROSE, MD, David	Montgomery
ROSE, MD, Edward	Philadelphia
ROSE, MD, Elizabeth K	Philadelphia
ROSE, MD, Frederick B	Bradford
ROSE, MD, Henry S	Philadelphia
ROSE, MD, Isadore	Philadelphia
ROSE, MD, John F	Montour
ROSE, MD, Leslie I	Philadelphia
ROSE, MD, Lewis J	Philadelphia
ROSE, MD, Robert M	Montgomery
ROSEMAN, MD, Richard L	Delaware
ROSEMOND, MD, George P	Philadelphia
ROSEN, MD, Bruce J	Delaware
ROSEN, MD, Daniel H	Venango
ROSEN, MD, David	Philadelphia
ROSEN, MD, Harvey M	Philadelphia
ROSEN, MD, Jacob C	Philadelphia
ROSEN, MD, James A	Westmoreland
ROSEN, JEFFREY K	Students
ROSEN, MD, John N	Bucks
ROSEN, MD, Joseph H	Philadelphia
ROSEN, MD, Leonard	Delaware
ROSEN, MD, Lester	Lehigh
ROSEN, MD, Marc R	Philadelphia
ROSEN, MD, Marvin I	Philadelphia
ROSEN, MD, Rhoda	Philadelphia
ROSEN, MD, William	Mercer
ROSENBACH, MD, Loren M	Allegheny
ROSENBAUM, MD, Aron	Cambria
ROSENBAUM JR, MD, Leon	Philadelphia
ROSENBERG, MD, Ann L	Philadelphia
ROSENBERG, MD, Carol A	Erie
ROSENBERG, MD, Dale J	Philadelphia
ROSENBERG, MD, Frank	Delaware
ROSENBERG, MD, Henry	Philadelphia
ROSENBERG, MD, Howard D	Lehigh
ROSENBERG, MD, Irvin E	Luzerne
ROSENBERG, MD, Irving	Philadelphia
ROSENBERG, MD, Kenneth C	Philadelphia
ROSENBERG, MD, Lawrence S	Cambria
ROSENBERG, MD, Manuel	Philadelphia
ROSENBERG, MD, Mark M	Montgomery
ROSENBERG, MD, Morton	Philadelphia
ROSENBERG, MD, Paul E	Philadelphia
ROSENBERG, MD, Paul R	Allegheny
ROSENBERG, MD, Philip	Philadelphia
ROSENBERG, MD, Philip	Montgomery
ROSENBERG, MD, Randy M	Philadelphia
ROSENBERG, MD, Robin E	Philadelphia
ROSENBLATT, MD, Michael	Philadelphia
ROSENBLATT, NANCY K	Students
ROSENBLATT, MD, Stanley A	Lackawanna
ROSENBLOOM, MD, Meyer A	Allegheny
ROSENBLOOM, MD, Richard C	Allegheny
ROSENBLOOM, MD, Stanley E	Allegheny
ROSENBLUM, MD, Mindy F	Philadelphia
ROSENBLUM, MD, Norman G	Philadelphia
ROSENBURG, MD, Sidney A	Allegheny
ROSENCRANS, MD, David L	Allegheny
ROSENFELD, MD, Bernard D	Lackawanna
ROSENFELD, MD, Howard	Montgomery
ROSENFELD, MD, Jack C	Lehigh
ROSENFELD, MD, Jane S	Philadelphia
ROSENFELD, MD, Joel C	Philadelphia
ROSENFELD, MD, Karl	Chester
ROSENFELD, MD, Philip A	Montgomery
ROSENFELD, MD, Richard N	Montgomery
ROSENFELD, MD, Ronald N	Delaware
ROSENMAN, MD, Howard D	Bucks
ROSENOW JR, MD, Edward C	Philadelphia
ROSENSWEIG, MD, William	Luzerne
ROSENTHAL, MD, David E	Philadelphia
ROSENTHAL, MD, Richard H	Allegheny
ROSENTHAL, MD, Stanley H	Indiana
ROSENTHAL, MD, Stephen I	Lackawanna
ROSENZWEIG, MD, Max	Philadelphia
ROSETT, MD, Jeffrey S	Philadelphia
ROSIECKI, MD, Michael W	Lackawanna
ROSINI, MD, Rita M	Allegheny
ROSKA, MD, Jose C	Columbia
ROSKO, MD, Thomas J	Bucks
ROSNER, MD, Isador K	Philadelphia
ROSNER, MD, Michael J	Montgomery
ROSS, MD, Abraham	Lehigh
ROSS, MD, John J	Philadelphia
ROSS, MD, Michael R	Delaware
ROSS, MD, Patricia E	Chester
ROSS, MD, R Douglas	Philadelphia
ROSS, MD, Vincent L	Lackawanna
ROSSI, MD, John C	Allegheny
ROSSI, MD, Patricia V	Luzerne
ROSSI JR, MD, Ralph A	Chester
ROSSMAN, MD, Bernard S	Philadelphia
ROSSMAN, MD, Max	Lehigh
ROST, MD, Charles R	Lancaster
ROSTAIN, MD, Anthony L	Philadelphia
ROSTOCK, MD, Robert A	Lackawanna
ROTENBERG, MD, Larry A	Berks
ROTH, MD, Anita W	Philadelphia
ROTH, MD, James L	Philadelphia
ROTH, DO, Raymond D	Montour
ROTH, MD, Russell B	Erie
ROTH, SUSAN E	Students
ROTH JR, MD, George R	Dauphin
ROTHACKER JR, MD, Gerald W	Lancaster
ROTHENBERGER, MD, Marvin K	Lehigh
ROTHERMEL, MD, Franklin J	Montour
ROTHERMEL II, DO, Robert E	Columbia
ROTHFUS, MD, William E	Allegheny
ROTHKOPF, MD, Brad M	Philadelphia
ROTHKOPF, MD, Henry	Philadelphia
ROTHMAN, MD, David L	Mercer
ROTHMAN, MD, David L	Allegheny
ROTHMAN, MD, Maurice M	Philadelphia
ROTHMAN, MD, Richard H	Philadelphia
ROTHROCK, MD, Gilmore M	York
ROTHSCHILD, MD, Jeffrey M	Allegheny
ROTHSCHILD, MD, John A	Luzerne
ROTHSTEIN, MD, Edward P	Bucks
ROTHSTEIN-RUBIN, MD, Rene	Philadelphia
ROTKO, MD, Bernard B	Philadelphia
ROTOR, MD, Marilyn L	Lancaster
ROTTENBERG, DO, Louis	Philadelphia
ROTTSCHAEFER, MD, Bernard L	Westmoreland
ROTZ, MD, Gregory G	Lebanon
ROUMM, MD, Alan D	Dauphin
ROUSE, MD, Paul V	Philadelphia
ROUSE, MD, Steven B	Bradford
ROUSSEL, MD, Paula L	Dauphin
ROVINSKI, MD, Helen T	Lebanon
ROVNER, MD, Harold	Philadelphia
ROVNER, MARC S	Students
ROVNO, MD, Herbert	Philadelphia
ROWAN, MD, Noel M	Berks
ROWAN, MD, Paul J	Lancaster
ROWAN, MD, Sandra K	Berks
ROWE, MD, Lee D	Philadelphia
ROWE, MD, Marc I	Allegheny
ROWGHANI, MD, Mohammad I	Chester
ROWLAND, MD, George A	Columbia
ROWLAND, MD, Harold A	Montgomery
ROWLAND, MD, N Dean	Lancaster
ROWLEY, MD, F Lawrence	Northampton
ROWLEY, MD, Richard S	Chester
ROWMAN, MD, Leo	Philadelphia
ROWSHAN, MD, Ghodratollah	Northampton
ROWSON, MD, Harold T	Delaware
ROXBY, MD, Bruce S	Philadelphia
ROY, MD, Robert H	Philadelphia
ROYAL, MD, David R	Cumberland
ROYER, MD, Thomas C	Montour
ROYFE, MD, Michael A	Allegheny
ROZANSKI, MD, Stanley J	Berks
ROZWADOWSKI, MD, Jack V	Erie
RUBEL, MD, Theodore	Allegheny
RUBEN, MD, Jerold R	Washington
RUBEN, MD, Malcolm E	Washington
RUBENSTEIN, MD, Morton J	Dauphin
RUBIN, MD, Alan	Philadelphia
RUBIN, DO, Carl S	Philadelphia
RUBIN, MD, Emanuel	Philadelphia
RUBIN, MD, Harvey M	Allegheny
RUBIN, MD, I Edward	Philadelphia
RUBIN, MD, Jeffry F	Montgomery
RUBIN, MD, Joyce R	Philadelphia
RUBIN, MD, Lore R	Allegheny
RUBIN, MD, Marc R	Philadelphia
RUBIN, MD, Morton L	Dauphin
RUBIN, MD, Myron M	Lancaster
RUBIN, MD, Nathan W	Montgomery
RUBIN, MD, Peter E	Montgomery
RUBIN, MD, Raphael	Philadelphia
RUBIN, MD, Richard B	Luzerne
RUBIN, MD, Robert F	Delaware
RUBIN, MD, S Bruce	Philadelphia
RUBINSTEIN, MD, Percy M	Philadelphia
RUBIO, MD, Emir W	Delaware
RUBRIGHT, MD, George L	Berks
RUBRIGHT, MD, Herbert C	Schuylkill
RUBRIGHT JR, MD, Herbert C	Schuylkill
RUBY, MD, Edward B	Delaware
RUCH, MD, Carl R	Northampton
RUDDEN, MD, Ann	Bucks
RUDIC, MD, Ernest	Philadelphia
RUDIN, MD, Jennifer E	Allegheny
RUDKIN, MD, Victor M	Allegheny
RUDLEY, MD, Lloyd D	Philadelphia
RUDMAN, MICHAEL E	Students
RUDNICK, MD, Herman D	Philadelphia
RUDNICK, MD, Michael R	Philadelphia
RUDNITZKY, MD, Jerome	Delaware
RUDOLPH, MD, Joseph	Philadelphia
RUDOLPH, MD, Joseph P	Allegheny
RUDOLPH, MD, Kenneth H	Lackawanna
RUDOLPH, MD, Richard L	Chester
RUDOLPH, MD, Robert I	Berks
RUDOLPH JR, MD, Samuel F	Montgomery
RUDUSKY, MD, Basil M	Luzerne
RUDY, MD, David R	Westmoreland
RUEBEL, MD, Armin A	Bucks
RUEBEL, MD, Catherine D	Bucks
RUEGER, MD, Raimund G	Allegheny
RUEHL, MD, William W	Washington
RUETSCHI, MD, Maja S	Union
RUFE, MD, Redding H	Bucks
RUFF, MD, Curtis C	Butler
RUFFINI, MD, John A	Delaware
RUFFINI, MD, Robert A	Delaware
RUFFLE, MD, Joan M	Dauphin
RUGART, MD, Karl F	Philadelphia
RUGEL, MD, Stanley J	Philadelphia
RUGGIERO, DO, Dominic	Lackawanna
RUGGIERO, MD, Nicholas J	Luzerne
RUGGIERO, MD, Robert A	Chester
RUGGIERO, MD, Robert P	Philadelphia
RUHT, MD, Barry A	Lehigh
RUHT, MD, Joseph C	Chester
RUIZ, MD, Cesar A	Allegheny
RUMBAUGH, MD, Marshall U	Luzerne
RUMBAUGH, MD, Ross S	Somerset
RUMBAUGH JR, MD, James O	Perry
RUMBLE, MD, Thomas R	Allegheny
RUMBLE JR, MD, Charles T	Allegheny

RUMPF, MD, Christopher B	Monroe
RUMSEY, MD, John L	Monroe
RUMSEY, MD, William P	Delaware
RUNCO, MD, Angelo S	Allegheny
RUNK, MD, Lorenzo G	Philadelphia
RUNYAN, DO, John L	Columbia
RUNYEON, MD, William K	Berks
RUPP, MD, George M	Allegheny
RUPP, MD, Robert A	Fayette
RUPPERSBERGER, DO, Lester A	Philadelphia
RUSCHAK, MD, Paul J	Allegheny
RUSH, MD, Calvin C	Greene
RUSH, MD, George B	Beaver
RUSH, MD, John F	Fayette
RUSHFORD, MD, Anthony J	Allegheny
RUSIN, MD, Lawrence C	Erie
RUSSEK, MD, Edward	Dauphin
RUSSELL, DO, James A	Bradford
RUSSELL, MD, Richard L	Dauphin
RUSSELL JR, MD, Bertram R	Chester
RUSSINO, MD, Joseph L	Delaware
RUSSINOVICH, MD, Nicholas A E	Allegheny
RUSSMAN, MD, Richard B	Allegheny
RUSSO, MD, Andrea M	Philadelphia
RUSSO, DAVID P	Students
RUSSO, MD, John F	Schuylkill
RUSSO, MD, Joseph F	Allegheny
RUSSO, MD, Michael P	York
RUSSO III, MD, Ralph E	Philadelphia
RUSSO JR, DO, Anthony P	Erie
RUTBERG, MD, Franklin L	Philadelphia
RUTBERG, MD, Michael	Bucks
RUTENBERG, MD, Harold L	Philadelphia
RUTH, MD, D Henry	Beaver
RUTHBERG, MD, Jack	Philadelphia
RUTIGLIANO, MICHAEL J	Allegheny
RUTKOWSKI, MD, Mark G	Philadelphia
RUTLAND, MD, Hedley E	York
RUTT, MD, John M	Lancaster
RUTT JR, MD, Clarence H	Lancaster
RUTTENBERG, MD, Bertram A	Philadelphia
RUTTENBERG, DO, Norman F	Philadelphia
RUZBARSKY, MD, Joseph J	Lackawanna
RYAN, MD, Helen M	Philadelphia
RYAN, MD, James J	Philadelphia
RYAN, MD, John J	Northampton
RYAN, MD, Lawrence W	Montgomery
RYAN, MD, Timothy M	Delaware
RYAN, MD, William C	Somerset
RYAN, MD, William F	Monroe
RYAN JR, DO, Edward F	Montgomery
RYCHAK, MD, John S	Dauphin
RYCKMAN, MD, William F	Westmoreland
RYDER JR, MD, Kenneth G	Lehigh
RYDZE, MD, Richard A	Allegheny
RYDZE, MD, Robert A	Allegheny
RYNIER, MD, Donald L	Lancaster
RYOO, MD, In O	Allegheny
RYSCAVAGE, MD, Edward T	Schuylkill
RYSCAVAGE, MD, Thomas S	York

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SAAVEDRA, MD, Diogenes A	Crawford
SABANAYAGAM, MD, Ponnampalam	Philadelphia
SABATELLE, MD, Robert C	Allegheny
SABBAR, MD, David	Philadelphia
SABEH, MD, George	Allegheny
SABEH, MD, Raif K	Allegheny
SABLE, CAROLE A	Students
SABOKBAR, MD, Nasser	Montgomery
SABOL, MD, John B	Cumberland
SABOL, JOSEPH G	Students
SABOL, MD, Louise J	Montour
SABRI, MD, Philip J	Franklin
SACCHETTI, MD, Alfred D	Philadelphia
SACCO, MARGARET M	Students
SACCO, MD, Russell J	Allegheny
SACHAKUL, MD, Chitrinee	Westmoreland
SACHAROK, CYNTHIA A	Students
SACHDEV, MD, Ranjan	Northampton
SACHDEVA, MD, Ajit K	Philadelphia
SACHDEVA, MD, Ravindra K	Mercer
SACHS, MD, Marvin L	Philadelphia
SACHS, MD, Murray	Allegheny
SACKETT, MD, Charles F	Philadelphia
SACKHEIM, MD, Robert	Bucks
SACKMAN, MD, Ira	Dauphin
SACKS, MD, Charles L	Philadelphia
SACKS, MD, Richard P	Lebanon
SACKS, DO, Stephen E	Montgomery
SADEKNI, MD, Marwan E	Westmoreland
SADLER, MD, John M	Allegheny
SADOFF, MD, Robert L	Montgomery
SADR, MD, Farrokh S	Lehigh
SADWIN, MD, Arnold	Philadelphia
SAFDAR-ALI, MD, Mohammad	Schuylkill
SAFIER, MD, Joel	Allegheny
SAFKO, MD, Martin J	Elk/Cameron
SAFLEY, MD, Max W	Indiana
SAG, MD, Jerome E	Montgomery
SAGAN, MD, Elizabeth R	Allegheny
SAGEL, DO, Henry K	York
SAGEN, MD, William	Bucks
SAGER, MD, Ethel	Philadelphia
SAGHAFI, MD, Darius	Westmoreland
SAHAI, MD, Ashok K	Washington
SAHILLIOGLU, MD, Refik	Luzerne
SAHL, MD, Henry G	Philadelphia
SAHLANEY, MD, William J	Cambria
SAHOO, MD, Dilliswar	Schuylkill
SAHOO, MD, Kashi Nath	Berks
SAHOVEY, MD, James R	Allegheny
SAIDMAN, MD, Lester M	Luzerne
SAIFEE, MD, Kutub M	Allegheny
SAIONTZ, MD, Howard I	Cambria
SAKACH, MD, Valerie A	Washington
SAKKAL, MD, Saad	Mercer
SALA, MD, Luis E	Philadelphia
SALADIN, MD, Lois J	Allegheny
SALAK, MD, Wasyl W	Philadelphia
SALAM, MD, Mahi	Chester
SALAND, MD, David K	Delaware
SALANON, MD, Paul	Philadelphia
SALAS, MD, Andre C J	Allegheny
SALAS, MD, Marty M	Montour
SALATKA, MD, Karl W	Westmoreland
SALAZAR, MD, Edgardo P	Carbon
SALAZAR, MD, Pedro A	Luzerne
SALCEDO, MD, Wilfredo G	Northampton
SALDANA, MD, Idel J	Jefferson
SALEEM, MD, Mohammad A	Lackawanna
SALEH, MD, Ahmab N	Philadelphia
SALERNO, MD, Francis A	Berks
SALES, MD, Irving J	Philadelphia
SALES, LAUREN E	Students
SALES, MD, Phoenix M	Philadelphia
SALGADO, MD, Edward M	Northampton
SALINDONG, MD, Jaime P	Montgomery
SALKIND, MD, Gene Z	Philadelphia
SALKO, MD, Gregory J	Lackawanna
SALLASH JR, MD, Robert J	Northampton
SALMERON, MD, Geraldine	Philadelphia
SALMON, MD, James H	Erie
SALNER, MD, Nathan P	Philadelphia
SALVADOR, MD, Albert S	Philadelphia
SALVATORE, MD, Michael A	Lycoming
SALVATORE, MD, Michael R	Erie
SALVITTI, MD, E Ronald	Washington
SALVO, MD, Paul J	Philadelphia
SALVOZA, MD, Manuel I	Allegheny
SALYARD, MD, Lann B	Philadelphia
SAMAD, MD, Mohammad A	Northumberland
SAMADANI, MD, Siroos R	Allegheny
SAMAHA, MD, Richard G	Montour
SAMALE, MD, G Richard	Philadelphia
SAMARASINGHE, MD, Gunasiri	Erie
SAMELSON, MD, Leo	York
SAMET, MD, Sherwood L	Monroe
SAMIES, MD, John H	Lehigh
SAMII, MD, Abdol H	Luzerne
SAMII, MD, Ali M	Cambria
SAMITZ, MD, M Harriss	Philadelphia
SAMPATH, MD, Krishna	Philadelphia
SAMPATHACHAR, MD, Kakkadasam R	Philadelphia
SAMPSON, MD, David A	Philadelphia
SAMUELS, MD, Allen J	Allegheny
SAMUELSON, MD, Joel S	Monroe
SANCHEZ, MD, Blanca S	Philadelphia
SANDBERG, MD, James A	Lehigh
SANDBERG, MD, Theodore E	Allegheny
SANDEL, MD, Mary E	Philadelphia
SANDERS, MD, Francis A	Philadelphia
SANDERS, MD, Robert E	Westmoreland
SANDERSON, MD, Douglas K	Dauphin
SANDERSON, MD, Vincent A	Mercer
SANDHAUS, MD, Julius L	Lancaster
SANDLER, MD, Kenneth R	Chester
SANDO, MD, Ralph S	Philadelphia
SANDOVAL, MD, Conchita Q	Westmoreland
SANDS, MD, David	Luzerne
SANDS, MD, Earl E	Montgomery
SANDS, MD, Jeffrey J	Luzerne
SANDSON, MD, Gerald B	Allegheny
SANDSTROM, MD, Paul H	Erie
SANDSTROM JR, MD, Frank T	Montgomery
SANFORD, MD, Frederic E	Lycoming
SANFORD, MD, Robert G	Dauphin
SANFORD, MD, Robert S	Tioga
SANGHI, MD, Jodh K	Warren
SANGILLO, MD, Mario M	Dauphin
SANGRUJEE, MD, Kannika L	Allegheny
SANGRUJEE, MD, Weerasak	Allegheny
SANKAR, MD, Naganathan S	Beaver
SANKARAN, MD, Manickam	Blair
SANKARI, MD, Muhammed A	Mckean
SANKEY, HEATHER Z	Students
SANNER, MD, John C	Lackawanna
SANNER JR, MD, Edgar G	Allegheny
SANPEDRO, MD, Floro D	Philadelphia
SANPEDRO, MD, Romeo S	Somerset
SANSONE, MD, Thomas C	Montgomery
SANSTEAD, MD, John K	York
SANT RAM, MD, Deepak	Chester
SANTAMARIA, MD, Frank R	Westmoreland
SANTANGELO, KATHYLEE	Dauphin
SANTANGELO, MD, Marsha F	Philadelphia
SANTANGELO, MD, Samuel C	Montgomery
SANTARSIERO, MD, D Anthony	Lackawanna
SANTEN, MD, Richard J	Dauphin
SANTIESTEBAN, MD, Joseph A	Allegheny
SANTILLAN, MD, Victor H	Blair
SANTILLI, MD, Thomas F	Philadelphia
SANTINI, MD, Lewis C	Montour
SANTOMENNA, MD, Michael A	Erie
SANTOPOLO, MD, Anthony C	Delaware
SANTORA, DAWN M	Allegheny
SANTORA, MD, Robert A	Crawford
SANTORA JR, MD, Frank J	Allegheny
SANTORE, MD, Felice J	Delaware
SANTORE, MD, Louis X	Montgomery
SANTORO, MD, Jerome	Philadelphia
SANTORO, MD, William	Berks
SANTOS, MD, Arthur M	Allegheny
SANTOS, MD, Cesar R	Lawrence
SANTOS, MD, Rodolfo J	Bucks
SANTOS, MD, Rodolfo R	Somerset
SANTOSO, MD, Limjadi	Erie
SANTOYO-STEIN, MD, Maria C	Philadelphia
SAPIRSTEIN, MD, Wolf	Dauphin
SAQUIN, MD, Raineldo C	Mckean
SARACCO, MD, Thomas R	Allegheny
SARACHEK, MD, Norman S	Lehigh
SARADAR, MD, Riad	Fayette
SARAIN, MD, Antonio N	Crawford
SARAJEDINI, MD, Hossain	Mckean
SARAN, MD, Madhukar	Susquehanna
SARAS, MD, Peter L	Luzerne
SARAVITZ JR, EUGENE M	Students
SARDESAI, MD, Prabhaker G	Erie
SARIEGO, MD, Joaquin	Philadelphia
SARIK, DO, Michael J	Delaware
SARIN, MD, Lov K	Philadelphia
SARIS, MD, Anne L	Montgomery
SARIS, MD, Demetrius S	Montgomery
SARIS-MECHENBIER, MD, Lydia E	Allegheny
SARKER, MD, Chitta R	Montgomery
SARKER, MD, Muhammad A R	Berks
SARNOWSKI, MD, Robert J	Lackawanna
SARP, MD, Edward J	Blair
SARSHIK, MD, Milton	Philadelphia
SARSHIK, MD, Stuart A	Philadelphia
SARUBIN, MD, Daniel R	Lehigh
SARUK, MD, Michael L	Philadelphia
SARVER, MD, Ray G	Westmoreland
SARVER, MD, Robert O	Allegheny
SASS, MD, Robert E	Mercer
SASSANI, MD, Joseph W	Dauphin
SASSON, MD, Robert	Bucks
SASTRY, MD, Dasika M	Montgomery
SATALOFF, MD, Dahlia M	Philadelphia
SATALOFF, MD, Joseph	Philadelphia
SATALOFF, MD, Robert T	Philadelphia
SATINSKY, MD, Jonathan D	Delaware
SAUCO, MD, M Concepcion	Philadelphia
SAUER, MD, Dieter	Westmoreland
SAUER, MD, Thomas S	Northampton
SAUERTIEG, MD, Elliott A	Dauphin
SAUL, MD, Albert	Philadelphia
SAUL, MD, Leon J	Philadelphia
SAUL, MD, Richard B	Philadelphia
SAUL, MD, Robert F	Montour
SAULL, MD, Sondra C	Philadelphia
SAUNDERS, MD, Charles D	Northampton
SAUNDERSON JR, MD, Robert W	Lancaster
SAUSSER, MD, Eugene W	Mifflin/Juniata
SAVACOOL, MD, Jacob W	Philadelphia
SAVAGE, MD, Donald J	Luzerne
SAVAGE, MD, James E	Mercer
SAVAGE, MD, Michael P	Philadelphia
SAVAGE, MD, Peter J	Luzerne
SAVARESE, MD, Ronald P	Philadelphia
SAVORY, MD, William J	Dauphin
SAWARDEKAR, MD, Arun S	Mercer
SAWARDEKAR, MD, Shubhada A	Mercer
SAWARDEKER, MD, Sandip U	Westmoreland
SAWKO, DARLENE C	Allegheny
SAWYER, MD, Rita A	Allegheny
SAXENA, MD, Varun	Bucks
SAXON, MD, Joseph G	Dauphin
SAYE JR, MD, William H	Dauphin
SAYEN, MD, John J	Philadelphia
SAYERS, MD, Francis P	Northumberland
SAYERS, MD, Kenneth H	Indiana
SAYLOR, MD, Randall M	Butler
SAYLOR, MD, Richard F	Montgomery
SAYRE, MD, Rodger C	Lycoming
SAYSON, MD, Jose N	Lebanon
SCANLON, MD, Mary H	Philadelphia
SCARAMUCCI, MD, John C	Allegheny
SCARANO, MD, Domenico	Luzerne
SCARF, MD, Maxwell	Philadelphia
SCARIATO, MD, Albert F	Philadelphia
SCAROLA, MD, Joseph A	Montgomery
SCARPA, MD, Harry C	Montgomery
SCARPINO, MD, Leo J	Lehigh
SCARSELLATO, MD, John N	Allegheny
SCERBO, MD, James A	Jefferson
SCHAAF, MD, John T	Erie
SCHACHTER, MD, Allan B	Allegheny
SCHACHTER, MD, Joseph	Allegheny
SCHACHTERLE, MD, Ralph E	Lancaster
SCHADE, MD, John F	Luzerne
SCHADT, MD, Daniel C	Northampton
SCHADT JR, MD, Oliver S	Lehigh
SCHAEBLER, MD, M Lee	Berks
SCHAEFER, MD, C Russell	Allegheny
SCHAEFER, MD, Thomas J	Cambria
SCHAEFFER, MD, Frances C	Lehigh
SCHAEFFER, MARTIN A	Students
SCHAEFFER, MD, William A	Lancaster
SCHAEFFER JR, MD, William E	Lebanon
SCHAFER JR, MD, Francis J	Allegheny
SCHAFFER, MD, Burton	Philadelphia
SCHAFFER, MD, David B	Philadelphia
SCHAFFER, MD, David N	Dauphin
SCHAFFER, MD, David W	Philadelphia
SCHAFFER, MD, Ted C	Allegheny
SCHAFFNER, MD, Kenneth F	Allegheny
SCHAFFNER, MD, Meade D	Lancaster
SCHALL, MD, Roy F	Allegheny
SCHALLER, MD, James A	Montgomery
SCHAMP, MD, Richard O	Jefferson
SCHANER, MD, Paul J	Allegheny
SCHANTZ, DO, Beverly B	Lancaster
SCHANTZ, MD, John C	Lancaster
SCHAPIRA, MD, Daniel	Lackawanna
SCHAPIRO, MD, Rolf L	Allegheny
SCHARF, ANN T	Students
SCHARFF, MD, Nicholas	Philadelphia
SCHARLE, MD, W Timothy	Northampton
SCHARTEL, DO, Albert P	Berks
SCHATANOFF, MD, David	Philadelphia
SCHATANOFF, MD, Joseph	Philadelphia
SCHATTNER, MD, Allen S	Allegheny
SCHATZ, MD, Karen A	Philadelphia
SCHATZ, MD, Norman J	Philadelphia
SCHAUB, MD, David H	Allegheny
SCHECTER, MD, Benjamin C	Mckean
SCHEER, MD, R Scott	Chester
SCHEERS, MD, George F	Luzerne
SCHEFF, MD, Alice M	Berks
SCHEID JR, MD, John E	Westmoreland
SCHEIE, MD, Harold G	Philadelphia
SCHEIN, MD, Alan L	Dauphin
SCHEIN, MD, Robert A	Allegheny
SCHEIN II, MD, George	Allegheny
SCHEINFELDT, DO, Barton D	Philadelphia
SCHEINMAN, MD, Harold Z	Allegheny
SCHELL, MD, Gary F	Centre
SCHELL, MD, Stephen E	Erie
SCHELL JR, MD, Francis J	Wyoming
SCHENCK, MD, Paul H	Lehigh
SCHENFELD, MD, Louis A	Cambria
SCHENKEL, MD, Eric J	Northampton
SCHERER, MD, Bernard C	Westmoreland
SCHERER, DO, Jerome E	Allegheny
SCHERR, MD, Stuart A	Philadelphia
SCHEUER, MD, John W	Lackawanna
SCHEUERMAN, DO, Thomas J	Philadelphia
SCHEUERMANN, MD, Henry A	Delaware
SCHEUERMANN, MD, Richard E	Philadelphia
SCHIFALACQUA, MD, Philip A	Philadelphia
SCHIFF, MD, Melvin M	Allegheny
SCHILLER, MD, Harvey J	Cambria
SCHILLER, MD, Herbert M	Philadelphia
SCHILLER, MD, Ruth P	Bucks
SCHILLI, MD, Rudolph	Cambria
SCHILLING, MD, Debra A	Philadelphia
SCHILLIZZI, MD, William	Philadelphia
SCHIMERT, MD, Arnd P	Philadelphia
SCHIMMEL, MD, Martin	Philadelphia
SCHIMMEL, MD, Nelson H	Philadelphia
SCHIMMER, MD, Barry M	Philadelphia
SCHINDLER, MD, Peter D	Chester
SCHINFELD, MD, Jay S	Montgomery
SCHINFELD, MD, Louis H	Montgomery
SCHIOWITZ, MD, Albert	Luzerne
SCHIOWITZ, MD, Mark F	Luzerne
SCHIRK, MD, Steven K	Montour
SCHIRO, MD, John C	Dauphin
SCHLABACH, MD, Donald M	Erie
SCHLACKMAN, MD, Neil	Bucks
SCHLAFF, MD, Lillian T	Philadelphia
SCHLAGER, MD, Charles E	York
SCHLANSKY, MD, Ronald M	Cumberland
SCHLEGEL, DO, Karl J	Huntingdon
SCHLEIFER, MD, Charles R	Philadelphia
SCHLESINGER, MD, Diana M	Monroe
SCHLESINGER, MD, Sam	Luzerne
SCHLESS, MD, Arthur P	Chester
SCHLESSEL, MD, Richard B	Philadelphia
SCHLESSINGER, DAVID A	Allegheny
SCHLEZINGER, MD, Nathan S	Philadelphia
SCHLITZER, MD, William H	Schuylkill
SCHLOSSBERG, MD, David	Philadelphia
SCHLOSSBERG, MD, Michael A	Allegheny
SCHLOSSER, MD, David E	Lancaster
SCHMELTZ, MD, Ralph	Allegheny
SCHMEYER, MD, Jon E	York
SCHMIDHOFER, MD, Mark	Allegheny
SCHMIDT, MD, Arnold P	Luzerne
SCHMIDT, MD, H William	Montgomery
SCHMIDT, MD, Robert J	Elk/Cameron
SCHMIELER, MD, George C	Washington
SCHMIELER, MD, George P	Washington
SCHMITT, MD, Albrecht	Philadelphia
SCHMITT, MD, Charles L	Allegheny
SCHMITT, MD, Herman L	Allegheny
SCHMITT, SCOTT A	Allegheny
SCHMUKLER, DO, Anita G	Philadelphia
SCHMUTZLER III, MD, Robert C	Montgomery
SCHNALL, MD, Barry	Philadelphia
SCHNALL, SMD, Charles	Philadelphia
SCHNALL, MD, David J	Philadelphia
SCHNALL, MD, Nathan	Philadelphia
SCHNAPF, DO, Donald J	York
SCHNAUFER, MD, Louise	Philadelphia
SCHNEEBERG, MD, Arthur L	Philadelphia
SCHNEEBERG, MD, J Myron	Philadelphia

SCHNEEBERG, MD, Norman G	Philadelphia
SCHNEIDER, MD, Bernard	Philadelphia
SCHNEIDER, MD, Chester L	Montgomery
SCHNEIDER, MD, Jan	Philadelphia
SCHNEIDER, MD, Jill	Philadelphia
SCHNEIDER, MD, John A	Allegheny
SCHNEIDER, MD, Lawrence H	Philadelphia
SCHNEIDER, MD, Rhonda R	Philadelphia
SCHNEIDER, MD, Richard R	Allegheny
SCHNEIDER, MD, Robert E	Allegheny
SCHNEIDER, MD, Roberta L	Montgomery
SCHNEIDER JR, MD, Henry C	Montgomery
SCHNEIDERMAN, MD, Marc J	Allegheny
SCHNEIMAN, MD, Maurice H	Philadelphia
SCHNIPPER, STEVEN M	Students
SCHNITZLER, MD, Joseph	Northampton
SCHNURER, MD, Charles I	Allegheny
SCHOCK, MD, William W	Huntingdon
SCHOCKER, MD, Jack D	Blair
SCHOENLEBER, MD, Dana B	Montour
SCHOEPPNER, MD, Eric	Northampton
SCHOFFSTALL, MD, John M	Philadelphia
SCHOFIELD, MD, Richard A	Montgomery
SCHOLL, MD, Harvey W	Montgomery
SCHOLL JR, MD, Harvey W	Bucks
SCHOLLAERT, MD, Richard A	Allegheny
SCHONAUER, MD, Thomas D	York
SCHOOLEY, MD, Frank B	Luzerne
SCHOONOVER, MD, Daniel K	Montour
SCHOPFER, MD, Ralph E	Lycoming
SCHORN, MD, Victor G	Franklin
SCHORR, MD, Neal A	Allegheny
SCHOTT JR, MD, Clifford E	Philadelphia
SCHOWALTER, MD, Donald R	Westmoreland
SCHRADING, WALTER A	Allegheny
SCHRAGGER, MD, Alan H	Lehigh
SCHRAMM, MD, Frank E	Northampton
SCHRAMM JR, MD, Victor L	Allegheny
SCHRAN, MD, Albert G	Delaware
SCHRECK, MD, Fred M	Northumberland
SCHRECKENGAUST, MD, Robert H	Lackawanna
SCHREIBER, MD, Richard	Dauphin
SCHREIBER, MD, Richard D	Lebanon
SCHREINER, MD, Glenwood R	Luzerne
SCHRENZEL, MD, Steven	Delaware
SCHROCK, MD, Jon H	Lancaster
SCHROCK, MD, Laura J	Cambria
SCHROFF JR, RICHARD L	Students
SCHUBERT, MD, John J	Lancaster
SCHUBERT, MD, Ronald	Beaver
SCHUCHERT, BARBARA A	Allegheny
SCHUCKER, MD, Forrest A	Dauphin
SCHUERCH, MD, Conrad	Montour
SCHUESSLER, MD, Paul W	Northampton
SCHULHOFF, MD, John W	Allegheny
SCHULLER, MD, Diane E	Montour
SCHULMAN, MD, Edward S	Philadelphia
SCHULMAN, MD, Norman	Luzerne
SCHULTHEIS JR, MD, Carl F	Montgomery
SCHULTZ, MD, Adrienne J	Jefferson
SCHULTZ, MD, Edward D	Blair
SCHULTZ, MD, Edward J	Blair
SCHULTZ, MD, Edward M	Allegheny
SCHULTZ, MD, Jeffrey C	Allegheny
SCHULTZ, MD, Julius	Philadelphia
SCHULTZ, MD, Kenneth E	Dauphin
SCHULTZ JR, MD, Howard K	Dauphin
SCHULZ, MD, August J	Lancaster
SCHULZ, MD, Jacob A	Lancaster
SCHUMACHER, DO, Carol M	Allegheny
SCHUMACHER, MD, L Richard	Montgomery
SCHUMAN, MD, Robert A	Lackawanna
SCHURICHT, MD, Alan L	Philadelphia
SCHUSTER, MD, Albert H	Philadelphia
SCHUSTER, MD, Allan H	Allegheny
SCHUSTER, MD, James L	Erie
SCHUSTER, MD, Stephen J	Philadelphia
SCHUTTE, MD, Sharon L	Philadelphia
SCHWAB, MD, Edna	Philadelphia
SCHWAB, MD, Morton E	Philadelphia
SCHWAB, MD, Robert H	Philadelphia
SCHWALB, MD, Allen J	Philadelphia
SCHWAMM, MD, Harry A	Montgomery
SCHWARCZ, MD, Harriet B	Montgomery
SCHWARTZ, MD, Albert M	Philadelphia
SCHWARTZ, MD, Alec R	Allegheny
SCHWARTZ, MD, Allan B	Philadelphia
SCHWARTZ, MD, Barry J	Philadelphia
SCHWARTZ, MD, Bradford B	York
SCHWARTZ, MD, Daniel N	Allegheny
SCHWARTZ, MD, Donald S	Chester
SCHWARTZ, MD, Edward	Delaware
SCHWARTZ, MD, Emanuel E	Philadelphia
SCHWARTZ, MD, Gordon F	Philadelphia
SCHWARTZ, MD, Heinz G	Philadelphia
SCHWARTZ, MD, Henry J	Allegheny
SCHWARTZ, MD, Ira	Schuylkill
SCHWARTZ, MD, Irving R	Philadelphia
SCHWARTZ, MD, Joel D	Allegheny
SCHWARTZ, MD, Joel L	Montgomery
SCHWARTZ, MD, Jonathan	Westmoreland
SCHWARTZ, MD, Laurence M	Philadelphia
SCHWARTZ, MD, Leonard	Allegheny
SCHWARTZ, MD, Louis	Philadelphia
SCHWARTZ, MD, Louis W	Montgomery
SCHWARTZ, MD, Marc L	Philadelphia
SCHWARTZ, MD, Milton A	Bucks
SCHWARTZ, MD, Peter L	Bucks
SCHWARTZ, MD, Raymond	Philadelphia
SCHWARTZ, MD, Reuben B	Philadelphia
SCHWARTZ, MD, Robert M	Erie
SCHWARTZ, MD, Sheldon M	Lycoming
SCHWARTZ, MD, Stephen L	Philadelphia
SCHWARTZ, DO, Walter W	Delaware
SCHWARZ, MD, Gabriel A	Philadelphia
SCHWARZSCHILD, MD, Walter	Philadelphia
SCHWEGMAN, MD, Cletus W	Philadelphia
SCHWEIKLE, MD, Mary R	Lycoming
SCHWEIZER, MD, Robert R	Berks
SCHWENDEMAN, MD, David L	Northampton
SCHWENTKER, MD, Edward P	Dauphin
SCHWERHA, MD, Joseph J	Allegheny
SCHWERIN, MD, William F	Allegheny
SCHWINGE, MD, Elaine A	Lehigh
SCHWITER, MD, E Joseph	Luzerne
SCIALDONE, MD, Anthony M	Allegheny
SCIALLA, MD, Salvatore J	Lackawanna
SCIARA, MD, Christine	Chester
SCIBAL, MD, Gary J	Lancaster
SCIBETTA, MD, Mario P	Erie
SCIBILIA, MD, James P	Beaver
SCICCHITANO, MD, Leon P	Schuylkill
SCICUTELLA, MD, Leonard J	Delaware
SCIOSCIA, MD, Eugene A	Allegheny
SCIOSCIA, PAUL J	Allegheny
SCIPIONE, MD, C Richard	Philadelphia
SCIULLI, MD, Robert L	Allegheny
SCIULLO, MD, Vincent F	Philadelphia
SCOBLIONKO, MD, David P	Northampton
SCOGLIETTI, MD, Vincent C	Allegheny
SCOGNA, MD, Joseph E	Philadelphia
SCOPELLITI, MD, Joseph A	Bradford
SCORNAVACCHI JR, MD, Joseph M	Berks
SCOTT, MD, Allene J	Montgomery
SCOTT, MD, Alvin J	Luzerne
SCOTT, MD, Dorothy C	Allegheny
SCOTT, MD, Durelle T	Luzerne
SCOTT, MD, Earl S	Philadelphia
SCOTT, MD, Henry	Philadelphia
SCOTT, MD, J Clifford	Chester
SCOTT, MD, Jack A	Allegheny
SCOTT, MD, John H	Allegheny
SCOTT, MD, Kincy J	Indiana
SCOTT, DO, Mark E	Delaware
SCOTT, MD, Norman E	Allegheny
SCOTT, DO, Robert C	Lancaster
SCOTT, MD, Steven A	Lehigh
SCOTT JR, MD, S David	Philadelphia
SCOTTI, MD, Daniel M	Philadelphia
SCOTTI, MD, Louis N	Allegheny
SCOVAZZO, MD, Mary L	Allegheny
SCROBOLA, MD, Charles C	Luzerne
SCUDERI, MD, Steven A	Philadelphia
SCULLIN III, MD, John P	Mercer
SCULLY, MD, Dennis M	Erie
SCULLY, MD, John P	Berks
SEARFOSS, MD, Roger C	Westmoreland
SEBASTIAN, MD, Eugene F	Dauphin
SEBASTIANELLI, MD, Mario J	Lackawanna
SEBOK, MD, Marianne	Philadelphia
SECHLER, MD, Edith W	Venango
SECKINGER, MD, Raymond P	Lehigh
SECUNDA, MD, Steven K	Delaware
SEDA, MD, Hector J	Berks
SEDACCA, MD, Paul J	Philadelphia
SEEBER, MD, John J	Cambria
SEECOF, MD, Richard M	Allegheny
SEELAUS, MD, Jere F	Montgomery
SEEP, MD, Michael K	Franklin
SEGAL, MD, Allan	Beaver
SEGAL, MD, Arthur M	Lackawanna
SEGAL, MD, Bernard L	Philadelphia
SEGAL, MD, Hyman I	Philadelphia
SEGAL, MD, Louis	Philadelphia
SEGAL, MD, Ricardo	Allegheny
SEGEL, MD, David P	Allegheny
SEGRAVES, MARY E	Students
SEGU, MD, Subramanyam	Erie
SEHGAL, MD, Kuldeep	Beaver
SEIAVITCH, MD, Samuel A	Allegheny
SEIDEL, MD, Eric C	Berks
SEIDEL, MD, Horace Y	Northampton
SEIDEL, MD, Terry W	York
SEIDL, MD, Daniel C	York
SEIDLER, MD, Eleanor E	Montgomery
SEIDLICH, MD, Franklin T	Dauphin
SEIDNER, MD, Michael R	Montgomery
SEIFERT, MD, George L	Philadelphia
SEIFERT, MD, Thomas E	Cambria
SEIFERTH, MD, William J	Erie
SEIFFERT, MD, Thomas E	Allegheny
SEIGLE, MD, Walter E	Lackawanna
SEINIGE, MD, Ursula L	Philadelphia
SEIPLE, MD, Harvey H	Lancaster
SEITCHIK, MD, Murray W	Philadelphia
SEITMAN, MD, David T	Philadelphia
SEITZ, MD, Edward R	Allegheny
SEITZ, MD, Nevin H	York
SEKARAN, MD, Kamalesh K	Butler
SEKARAN, MD, Somasundaram K	Butler
SEKHAR, MD, Laligam N	Allegheny
SELBY, MD, Charles L	Montgomery
SELEDNIK, MD, Leonard J	Allegheny
SELHAT, MD, George F	Philadelphia
SELICKMAN, MD, Mitchell A	Philadelphia
SELIGER, MD, Gustav	Delaware
SELKER, MD, Robert G	Allegheny
SELKOVITS, MD, Sidney	Allegheny
SELLERS, MD, Alfred M	Philadelphia
SELLERS, MD, Robert W	Berks
SELLERS JR, MD, Thomas D	Montour
SELSMAN, MD, Joseph V	Montgomery
SELTZER, MD, Benjamin	Philadelphia
SELTZER, MD, Harry	Allegheny
SELTZER, MD, Joseph L	Philadelphia
SELTZER, MD, Maurice	Philadelphia
SELTZER, MD, William I	Allegheny
SELVAGGI, THOMAS A	Students
SEMBROT, MD, William B	Philadelphia
SEMINS, MD, Howard	Allegheny
SEMPLE, MD, Joseph M	Erie
SENA, MD, Frank W	Philadelphia
SENAN, MD, Pushpendra	Allegheny
SENDZIK, MD, Nestor I	Bucks
SENFT, MD, Karen E	Northampton
SENFT, MD, Stephen C	Northampton
SENIOW, ANNE M	Allegheny
SENIOW, MD, Raymond V	Lawrence
SENITA, MD, G Robert	Allegheny
SENTER, MD, Howard J	Allegheny
SEO, MD, Jin S	Berks
SERABJIT-SINGH, MD, Jag D	Somerset
SERAFY, MD, Michael M	Allegheny
SERBER, MD, William	Philadelphia
SERENE, MD, Harry E	Allegheny
SERFAS, MD, Lee S	Northampton
SERINE, MD, Enrico A	Lackawanna
SEROSKA, MD, Phillip J	Luzerne
SERVOSS, MD, Spencer J	Lycoming
SERWINT, MD, Michael S	Venango
SESSION, MD, William C	Allegheny
SESSIONS, SCOTT C	Students
SESSOMS, MD, Frank E	Allegheny
SETH, MD, Prabhat	Allegheny
SETH, MD, Rajendra N	Philadelphia
SETHBHAKDI, MD, Somkiat	Philadelphia
SETHI, MD, Surendra K	Butler
SETTY, MD, Polepalli S	Westmoreland
SEVICK, MD, Myron E	Centre
SEVIN, MD, Elizabeth G	Philadelphia
SEWAK, MD, Michael E	Cambria
SEWATSKY, MD, Mary F	Lackawanna
SEXTON JR, MD, George L	Berks
SEY, MD, Mark J	Philadelphia
SEYFRIED, DONALD M	Students
SEYLER, MD, Raymond Q	Delaware
SEYMOUR, MD, Parker M	Philadelphia
SFEDU, MD, Emil P	Philadelphia
SGARLAT, MD, Joseph R	Luzerne
SGRO, MD, Antonio	Philadelphia
SHABER, MD, Gary S	Philadelphia
SHACKLEFORD, MD, Robert E	Montgomery
SHACKLETT, MD, Dorothy E	Philadelphia
SHADLE, MD, Chester A	York
SHAEFFER, MD, Joseph M	Bucks
SHAFER, MD, Edward A	Luzerne
SHAFER, JACALYN H	Students
SHAFFER, MD, Carolyn W	Dauphin
SHAFFER, MD, Donald Y	Beaver
SHAFFER, MD, Eugene M	Berks
SHAFFER, MD, George W	Bucks
SHAFFER, MD, Howard L	Lawrence
SHAFFER, MD, Irvin G	Berks
SHAFFER, MD, Lawrence J	Dauphin
SHAFFER, MD, Lionel B	Montgomery
SHAFFER, MD, Walter L	Allegheny
SHAFIA, MD, Hass	Philadelphia
SHAFIQUE, MD, Mohammad	Lycoming
SHAH, MD, Harnish V	Berks
SHAH, MD, Jitendra N	Philadelphia
SHAH, MD, Jyotindra T	Allegheny
SHAH, MD, Mahendra K	Susquehanna
SHAH, MD, Manjula S	Jefferson
SHAH, MD, Mubarik A	Philadelphia
SHAH, MD, Mukesh V	Allegheny
SHAH, MD, Narayan	Montour
SHAH, MD, Nayan C	Lackawanna
SHAH, MD, Rahmat	Lackawanna
SHAH, MD, Ranjan R	Delaware
SHAH, MD, Ranjit R	Delaware
SHAH, MD, Ratan S	Westmoreland
SHAH, MD, Satish A	Dauphin
SHAH, MD, Shirish N	Jefferson
SHAH, MD, Syed G	Schuylkill
SHAH, MD, Vinod H	Allegheny
SHAHEEN, MD, Robert G	Blair
SHAHINFAR, MD, Shahnaz	Delaware
SHAIKH, MD, Aftab A	Lackawanna
SHAIKH, MD, Mohammed N	Westmoreland
SHAKIN, MD, Eric P	Philadelphia
SHAMAI, MD, Haroun A	Lehigh
SHAMBLIN, MD, Jerry D	Allegheny
SHAMIMI-NOORI, MD, Soroush	Dauphin
SHAMPAIN, MD, Mark P	Lehigh
SHANAHAN, MD, J Rush	Philadelphia
SHANAHAN, MD, Nancy R	Bucks
SHANDER, MD, Ernest G	Lackawanna
SHANK, MD, Irene A	Allegheny
SHANKAR, MD, Ram G	Bucks
SHANKAR, MD, V S	Philadelphia
SHAPERA, MD, Richard P	Allegheny
SHAPIRA, MD, Edith L	Allegheny
SHAPIRO, MD, Alvin P	Allegheny
SHAPIRO, MD, Bernard	Philadelphia
SHAPIRO, DO, Bertram P	Philadelphia
SHAPIRO, MD, Bonita M	Philadelphia
SHAPIRO, MD, Bryan E	Philadelphia
SHAPIRO, MD, Charles J	Franklin
SHAPIRO, DO, Donald M	Luzerne
SHAPIRO, MD, Harvey H	Franklin
SHAPIRO, MD, Jacob	Philadelphia
SHAPIRO, MD, John A	Berks
SHAPIRO, MD, Leonard H	Philadelphia
SHAPIRO, MD, Lester F	Allegheny
SHAPIRO, MARCEY E	Students
SHAPIRO, MARK H	Allegheny
SHAPIRO, MD, Morry	Allegheny
SHAPIRO, MD, Richard P	Philadelphia
SHAPIRO, MD, Samuel S	Philadelphia
SHAPIRO, MD, Stuart G	Venango
SHARBAUGH, MD, Donald G	Cambria
SHARER, DO, Carl W	Montgomery
SHARIFF, MD, Haji M	Philadelphia
SHARIFI-AZAD, MD, Said	Philadelphia
SHARKEY, MD, Thomas G	Luzerne
SHARMA, MD, Amar J	Northampton
SHARMA, MD, Jashwant K	Westmoreland
SHARMA, MD, Kusum	Westmoreland
SHARMA, MD, Meera V	Lackawanna
SHARMA, MD, Om P	Northampton
SHARMA, MD, Raj K	Delaware
SHARMA, MD, Sukh D	Erie
SHARMA, MD, Usha	Allegheny
SHARMAN, MD, Michael H	Washington
SHARP, MD, Ira R	Philadelphia
SHARPLES, MD, Wynne	Philadelphia
SHARPLESS, MD, Edwin D	Delaware
SHARPS, MD, Frank	Philadelphia
SHARPS, MD, Lewis S	Chester
SHARRA, WILLIAM G	Allegheny
SHARRAR, MD, Robert G	Philadelphia
SHARRER, MD, Margaret C	Allegheny
SHASHIKUMAR, MD, V L	Philadelphia
SHATTEN, MD, Thomas A	Allegheny
SHATZ, MD, Eugene M	Potter
SHATZ, MATTHEW J	Allegheny
SHAUB, MD, Paul D	York
SHAUB JR, MD, Howard G	Blair
SHAUGHNESSY, MD, Michael J	Allegheny
SHAVER, MD, John C	Allegheny
SHAVER, MD, Verne C	Allegheny
SHAW, DO, Donald D	Tioga
SHAW, MD, Gordon A	Lycoming
SHAW, MD, James A	Dauphin
SHAW, MD, Ralph A	Schuylkill
SHAWALUK, MD, Paul D	Philadelphia
SHAY, MD, Paul L	Allegheny
SHEA, MD, Francis J	Philadelphia
SHEAFFER, MD, Harold C	Delaware
SHEARBURN III, MD, Edwin W	Bucks
SHEARER, MD, David M	York
SHEARER, MD, Donald E	Lycoming
SHEARS, MD, Mark C	Berks
SHECTER, DO, Fredric M	Philadelphia
SHEDD, MD, Ann C	Allegheny
SHEDLOCK, DO, Anthony F	Clearfield
SHEDRO, MD, Hector	Westmoreland
SHEEHAN, MD, John H	Allegheny
SHEELY, MD, Raymond F	Adams
SHEEP, MD, Robert E	Chester
SHEER, MD, George W	Lackawanna
SHEETS, MD, Everett O	Philadelphia
SHEETS, MD, James A	Lehigh
SHEFFER, MD, M Leonard	Berks
SHEIKH, MD, Najmi I	Philadelphia
SHELANSKI, MD, Sharon L	Philadelphia
SHELBY, MD, John H	Berks
SHELBY, MD, Joseph E	Fayette
SHELDON, MD, Douglas L	Lackawanna
SHELLEY, MD, William L	Cumberland
SHELLING, MD, Richard E	Bradford
SHELLMAN, MD, Alexander	Lackawanna
SHELLY, MD, Elizabeth R B	Northampton
SHELLY, MARK A	Students
SHELLY, MD, Robert M	Susquehanna
SHELLY, MD, W Dayton	Wyoming
SHELLY, MD, Walter M	Northampton
SHELTON, MD, Barbara	Philadelphia
SHELTON, MD, Joseph M	Washington
SHELTON, MD, Lester R	Philadelphia
SHEMANSKI, MD, Clem J	Berks
SHENAI, MD, Pundalik G	Dauphin
SHENBERGER, MD, Keith N	Lycoming
SHENFIELD, MD, Henry T	Bradford
SHENKIN, MD, Henry A	Philadelphia
SHEPPARD, MD, Frank J	Erie
SHEPPARD, LISA M	Students
SHEPTAK, MD, Peter E	Allegheny
SHERAFAT, MD, Mostafa	Erie
SHERBAN, MD, Paul R	Lancaster
SHERIDAN, DO, Joseph F	Cambria
SHERMAN, MD, Alfred J	Dauphin
SHERMAN, MD, Anthony	Philadelphia
SHERMAN, MD, Cynthia A	Allegheny
SHERMAN, MD, Henry K	Westmoreland
SHERMAN, MD, Hugh I	Mifflin/Juniata
SHERMAN, MD, M Jackson	Philadelphia
SHERMAN, MD, Randall L	Allegheny
SHERMAN, MD, Samuel	Allegheny
SHERRY, MD, Sol	Philadelphia
SHERTZER, MD, John H	Lancaster
SHERWIN, MD, Edward A	Lackawanna
SHERWIN, MD, Gerald P	Lehigh
SHERWIN, MD, Roberta	Philadelphia
SHERWIN, MD, William K	Montgomery
SHERWOOD, MD, Arthur W	Wyoming
SHERWOOD, MD, John W	Luzerne

SHETE, MD, Leena P	Westmoreland
SHETTER, MD, Thomas G	Washington
SHETTY, MD, Ashok K	Westmoreland
SHETTY, MD, Karunakar S	Westmoreland
SHETTY, MD, Narayan	Beaver
SHETTY, MD, Ratnakar S	Beaver
SHETZLEY, MD, Carl M	Bucks
SHEVCHIK, MD, Grant J	Westmoreland
SHIEH, MD, James C	Allegheny
SHIEH, MD, Kan C	Lehigh
SHIELDS, MD, Jerry A	Philadelphia
SHIELDS, MD, John J	Montgomery
SHIELDS, MD, Lee H	Dauphin
SHIELDS, MD, Mary S	Lehigh
SHIELDS, MD, Ralph L	Northampton
SHIELDS, MD, Thomas J	Montgomery
SHIELDS JR, MD, Richard A	Philadelphia
SHIM, MD, Chungja C	Venango
SHIN, MD, Grace E	Montgomery
SHIN, MD, Maung T	Erie
SHINDEL, MD, James H	Blair
SHINDLER, MD, Robert L	Dauphin
SHINGALA, MD, Arun J	Lackawanna
SHINN, MD, Elliott T	Beaver
SHINNICK, DO, James P	Philadelphia
SHIPKOVITZ, MD, Harvey D	Allegheny
SHIPLEY, MD, Alan E	Erie
SHIPMAN, MD, Mary C	Beaver
SHIPPEN, MD, Eugene R	Berks
SHIREY, MD, Elaine D	Philadelphia
SHIREY, MD, Pamela S	Venango
SHISHAK, MD, Aryo A	Wayne/Pike
SHISLER, MD, Frederick H	Montgomery
SHIVDE, MD, Pinakini	Erie
SHLOMCHIK, MD, Seymour	Philadelphia
SHMOKLER, MD, Leon	Philadelphia
SHMOKLER, MD, Mitchell F	Delaware
SHOAFF, MD, Paris A	Lawrence
SHOCKMAN, MD, Joel	Philadelphia
SHOEMAKER, MD, David M	Bucks
SHOEMAKER, MD, N Eugene	York
SHOEMAKER JR, MD, Lester E	Bucks
SHOENBERGER, DOUGLAS C	Students
SHOENER, MD, John A	Allegheny
SHOENTHAL, MD, William J	Bucks
SHOLEHVAR, MD, Javad	Lehigh
SHONBERG, MD, Barbara H	Bucks
SHONBERG, MD, Irving L	Allegheny
SHONNARD, MD, John W	Venango
SHOOK III, MD, Willis D	Allegheny
SHOOP, MD, Jon D	Montour
SHOPE, MD, Earl S	Cambria
SHOPE, MD, William B	Westmoreland
SHORE, DO, Eric E	Philadelphia
SHORE, MD, George R	Allegheny
SHORE, MD, Neal A	Philadelphia
SHORE, MD, Paul D	Delaware
SHORE, MD, Robert A	Montgomery
SHORE, MD, Roger J	Allegheny
SHORE, MD, Seymour M	Philadelphia
SHORE, MD, Sidney	Montgomery
SHORE, MD, Stephen R	Lehigh
SHORT, MD, Glenn M	Lehigh
SHOUP, MD, George D	Philadelphia
SHOVLIN, MD, John M	Lackawanna
SHOWAN, MD, Ann Marie	Bucks
SHOWERS, DONNA H	Students
SHRAGER, MD, Morton W	Philadelphia
SHRIVASTAVA, MD, Satish K	Greene
SHROFF, MD, Farook K	Luzerne
SHU, MD, Chia S	Lycoming
SHUBERT, MD, Edward	Erie
SHUBIN, MD, Harry	Philadelphia
SHUE, MD, William M	York
SHUGAR, MD, Gary L	Berks
SHUGERT, MD, Guy S	Beaver
SHUGERT, MD, John H	Beaver
SHUKLA, MD, Rohitkumar S	Franklin
SHULKIN, MD, Mark W	Delaware
SHULKOSKY, MARK J	Students
SHULMAN, MD, David S	Dauphin
SHULTZ, MD, Barry S	Berks
SHULTZ, MD, Margarita M	Lancaster
SHULTZ, MD, Robert G	Lancaster
SHULTZ, MD, Thomas L	Bucks
SHUMAN, MD, Charles R	Philadelphia
SHUMAN, MD, John F	Berks
SHUMAN, MD, Marla L	Philadelphia
SHUMAN, MD, Nancy A	Berks
SHUPAK, MD, Robt C	Philadelphia
SHUSMAN, MD, Robert S	Delaware
SHUSTER, MD, Eugene	Philadelphia
SHUSTER, MD, Harold F	Philadelphia
SHUSTERMAN, MD, Denise K	Philadelphia
SHUSTERMAN, DO, Larry	Delaware
SHUTTER, MD, Walter D	Westmoreland
SHUTTLEWORTH, MD, Lamont V	Allegheny
SHYAMALAN, MD, Jayalakshmi	Philadelphia
SHYAMALAN, MD, Nelliate C	Philadelphia
SHYNN, MD, Tae I	Lackawanna
SIA, MD, Jose K	Beaver
SIAR, MD, W John	Jefferson
SIBERSKI, MD, John R	Luzerne
SIBLEY, MD, Robert E	Lackawanna
SIBOLBORO, MD, Isabelo Z	Indiana
SICHER, MD, Bruno P	Mckean
SICKEL, MD, Edward F	Dauphin
SICONOLFI, MD, Ernest P	Allegheny
SIDHWA, MD, Dinshaw B	Berks
SIDOR, MICHAEL L	Students
SIDOROV, MD, Jaan E	Montour
SIEBER, MD, William K	Allegheny
SIEGAL, MD, Edward I	Philadelphia
SIEGEL, MD, Ayn D	Montgomery
SIEGEL, MD, Bernard	Philadelphia
SIEGEL, MD, David M	Allegheny
SIEGEL, MD, Howard I	Philadelphia
SIEGEL, MD, Joel	Allegheny
SIEGEL, MD, Joseph F	Washington
SIEGEL, MD, Paul D	Philadelphia
SIEGEL, SCOTT S	Students
SIEGEL, MD, Selma F	Allegheny
SIEGEL, MD, Seymour	Philadelphia
SIEGEL, MD, William	Bucks
SIEGELBAUM, MD, Steven P	Dauphin
SIEGER, MD, Charles E	Lehigh
SIEGFRIED, MD, Jay W	Philadelphia
SIEGFRIED, MD, Myrtle M	Lehigh
SIEGLER, MD, Peter E	Philadelphia
SIEGRIST, MD, J Donald	Lancaster
SIEPER, DO, William J	Westmoreland
SIEPSER, MD, Steven B	Chester
SIESHOLTZ, MD, Thomas S	Bucks
SIEWERS, MD, Christiane	Allegheny
SIEWERS, MD, Ralph D	Allegheny
SIGAFOOS EXEC, SEC, Sally	Lancaster
SIGEL, MD, Bernard	Philadelphia
SIGLER, MD, Miles H	Philadelphia
SIGMUND, MD, William J	Lancaster
SIGNORELLA, MD, Louis	Washington
SIGUENZA, MD, Robert F	Dauphin
SIHA, MD, Victor L	Allegheny
SIKER, MD, Ephraim S	Allegheny
SILBERMAN, MD, David A	Bucks
SILBERMAN, MD, Harvey D	Philadelphia
SILBERMAN, MD, Ira	Philadelphia
SILBERMAN, MD, J Dewolf	Lebanon
SILBERMAN, MD, Leslie J	Allegheny
SILBERMAN, MD, Robert M	Northampton
SILBERSTEIN, MD, Marsha M	Philadelphia
SILBERSTEIN, MD, Stephen D	Philadelphia
SILER, MD, Janet N	Philadelphia
SILIQUINI, MD, John J	Philadelphia
SILK, MD, Raymond E	Philadelphia
SILLA, MD, Enrique B	Philadelphia
SILLARS, MD, Charles H	Montgomery
SILON, MD, Nathaniel	Lehigh
SILVER, MD, Barry A	Montgomery
SILVER, MD, Bernice S	Philadelphia
SILVER, MD, Bruce G	Delaware
SILVER, MD, Dean R	Philadelphia
SILVER, MD, Frank	Philadelphia
SILVER, MD, Laurence M	Montgomery
SILVER, MD, Lawrence B	Dauphin
SILVER, DO, Marc R	Philadelphia
SILVER, MD, Richard C	Delaware
SILVER, MD, Scott J	Philadelphia
SILVER, MD, Stephen C	Delaware
SILVERBERG, MD, Bruce J	Lehigh
SILVERBERG, MD, Daniel M	Lehigh
SILVERBERG, MD, Jay H	Allegheny
SILVERBERG, MD, Robert L	Berks
SILVERBLATT, MD, Bernard L	Allegheny
SILVERBLATT, MD, Marvin L	Allegheny
SILVERIO, MD, John	Chester
SILVERMAN, MD, Alan R	Allegheny
SILVERMAN, MD, Alexander	Allegheny
SILVERMAN, MD, Edward J	Berks
SILVERMAN, MD, Howard A	Lehigh
SILVERMAN, MD, Jerry D	Allegheny
SILVERMAN, MD, Joseph S	Blair
SILVERMAN, DO, Marvin J	Delaware
SILVERMAN, MD, Mendel	Allegheny
SILVERMAN, MD, Morton I	Lehigh
SILVERMAN, MD, Morton L	Montgomery
SILVERMAN, MD, Robert B	York
SILVERMAN, MD, William H	Northampton
SILVERMAN, MD, William S	Philadelphia
SILVERS, MD, Abigail A	Montgomery
SILVERS, MD, Arthur H	Delaware
SILVERSTEIN, MD, Alan J	Allegheny
SILVERSTEIN, MD, Charles E	Allegheny
SILVERSTEIN, MD, Leonard I	Philadelphia
SILVERSTINE, MD, Leslie B	Mckean
SILVESTRI, MD, Archimede J	Philadelphia
SILVIS, MD, Harry J	Washington
SIM, MD, Hyun S	Armstrong
SIMAN, MD, Bernard	Philadelphia
SIMENHOFF, MD, Michael L	Philadelphia
SIMENSON, MD, Robert A	Philadelphia
SIMKINS, MD, Jo M	Allegheny
SIMMONDS, MD, Mary A	Dauphin
SIMMONDS, MD, Robert T	Allegheny
SIMMS, MD, Aaron D	Allegheny
SIMMS, MD, George R	Dauphin
SIMON, MD, Nicolas V	York
SIMON, MD, Richard J	Philadelphia
SIMON, MD, William H	Philadelphia
SIMONE, MD, Frank J	Indiana
SIMONE, MD, Samuel T	Allegheny
SIMONIAN, MD, Simon J	Philadelphia
SIMONS, MD, Carl I	Bucks
SIMONS, MD, Howard M	Philadelphia
SIMONS, MD, Richard J	Dauphin
SIMONS, MD, William M	Monroe
SIMONSEN, MD, Ronald W	Warren
SIMORA, MD, Felix S	Erie
SIMPSON, MD, Joseph W	Philadelphia
SIMPSON, MD, Richard A	Beaver
SIMPSON, MD, Roy W	Lackawanna
SIMPSON, MD, Zachary A	Bucks
SINAIKO, MD, Peter A	Bucks
SINCHIOCO, MD, Ceferino S	Allegheny
SINCLAIR, MD, Catherine P	Washington
SINCLAIR, MD, Michael C	Lehigh
SINCLAIR, MD, Sydney E	Lycoming
SINGER, MD, Barry L	Montgomery
SINGER, MD, Edward S	Philadelphia
SINGER, MD, Irvin	Philadelphia
SINGER, JEFFREY L	Allegheny
SINGER, MD, Jerome	Delaware
SINGER, MD, Raymond L	Philadelphia
SINGER, MD, William H	Lehigh
SINGER-GRANICK, MD, Carol J	Allegheny
SINGH, MD, Ajay P	Somerset
SINGH, MD, Amarjeet R	Beaver
SINGH, MD, Arvind K	Lackawanna
SINGH, MD, Bijai B	Indiana
SINGH, MD, Datar	Allegheny
SINGH, MD, Dilbagh	Mckean
SINGH, MD, Gurcharan	Philadelphia
SINGH, MD, Gurdial N	Northumberland
SINGH, MD, Navjeet	Philadelphia
SINGH, MD, Rajendra	Schuylkill
SINGH, MD, Sawraj	Montgomery
SINGH, MD, Surender	Lancaster
SINGH, TEJINDER P	Allegheny
SINGLEY, MD, Thomas L	Beaver
SINGZON, MD, Jaime M	Northumberland
SINNENBERG JR, MD, Robert J	Lackawanna
SINOR, MD, Bakhti	Allegheny
SIPES, MD, Earl K	Lehigh
SIRIO, MD, Carl A	Dauphin
SIROTNAK, MD, John J	Lackawanna
SITKOFF, DO, Andrew D	Philadelphia
SIU, MD, Clare C	Wayne/Pike
SIVAK, MD, Stanley J	Warren
SIVENDRAN, MD, Thermalingam	Adams
SIVITZ, MD, Jay M	Philadelphia
SIVITZ, MD, Marta E	Philadelphia
SIVITZ, MD, Michael C	Montgomery
SIVULICH, MD, Michael J	Cambria
SKARINSKY, MD, Eugenya	Philadelphia
SKAROFF, MD, Richard M	Philadelphia
SKARUPA, MD, Steven J	Philadelphia
SKEIST, MD, Barry P	Bradford
SKERL, MD, Anton O	Blair
SKERRETT, MD, Philip V	Philadelphia
SKETTINO, MD, Joseph A	Lackawanna
SKIENDZIELEWSKI, MD, John J	Montour
SKINNER, MD, Douglas V	Allegheny
SKINNER III, MD, Robert W	Lancaster
SKLAROFF, MD, David M	Philadelphia
SKLAROFF, MD, Robert B	Philadelphia
SKOLE, MD, Simon M	Lawrence
SKOLNICK, MD, Eric T	Philadelphia
SKOLNICK, MD, Kenneth B	Allegheny
SKORINKO, MD, Kenneth P	Northampton
SKOVIRA, MD, Edward M	Lackawanna
SKOVRON, MD, Michael	Erie
SKOWRONSKI, MD, Theodore J	Montgomery
SKRENTA, MD, Richard J	Allegheny
SKRENTNY, MD, Thomas T	Blair
SKROMAK, MD, Stanley J	Philadelphia
SKUTCHES, MD, Joseph M	Northampton
SKVERSKY, MD, Norman J	Philadelphia
SKWEIR, MD, Leon A	Lehigh
SKWIRUT, MD, Frank A	Delaware
SLABIC, MD, Peter P	Erie
SLABIC, MD, Stan F	Erie
SLADEN, MD, Arnold	Allegheny
SLADKIN, MD, Kenneth R	Bucks
SLAGEL, MD, Scott A	Luzerne
SLAGLE, MD, Edward H	Allegheny
SLAMOVITS, MD, Thomas L	Allegheny
SLAP, MD, Joseph W	Philadelphia
SLATER, MD, Harvey	Allegheny
SLATER, MD, Kenneth C	Carbon
SLATER, MD, Robert	Delaware
SLATON, MD, Stephen S	Schuylkill
SLAVEN, MARK E	Allegheny
SLAVIN, MD, James W	Philadelphia
SLAVKIN, MD, Marvin D	Allegheny
SLEASE, MD, Cyrus B	Armstrong
SLEDZ, MD, Ann Marie	Northampton
SLEMENDA, MD, William D	Beaver
SLENKER, MD, Kevin F	Delaware
SLEZAK, MD, Joseph A	Westmoreland
SLICK, MD, Gregory	Bedford
SLIMMER JR, MD, Samuel C	Schuylkill
SLIPPEY, MD, Alice E	Lancaster
SLIWINSKI, MD, Stanley J	Bucks
SLOAN, MD, Charles R	Fayette
SLOANE, MD, Charles E	Westmoreland
SLOANE, MD, Norman G	Philadelphia
SLOANE, MD, Paul	Philadelphia
SLOANE, MD, Peter J	Philadelphia
SLOCUM, MD, Harold E	Montour
SLONE, MD, Jacob	Allegheny
SLOSS, MD, James O	Beaver
SLOTNICK, MD, Victor B	Philadelphia
SLOVAK, MD, James P	Lackawanna
SLOVAK, MD, John P	Lancaster
SLUHOCKI, DO, Mark	Luzerne
SMAHA, MD, Lynn A	Bradford
SMALL, MD, Richard E	York
SMALLOW, STEVAN A	Students
SMART, MD, Lawson C	Crawford
SMELTZER, MD, Kenneth L	Dauphin
SMILEY, MD, Joseph W	Delaware
SMINK JR, MD, Robert D	Delaware
SMITH, MD, A Mitchell	Philadelphia
SMITH, MD, Alvin H	Philadelphia
SMITH, ANDREW T	Students
SMITH, MD, Arthur E	Philadelphia
SMITH, MD, Arthur K	Philadelphia
SMITH, MD, Barton L	Berks
SMITH, BRIAN S	Students
SMITH, MD, C Ross	Philadelphia
SMITH, MD, Cathy S	Delaware
SMITH, MD, David A	Dauphin
SMITH, MD, David L	Philadelphia
SMITH, MD, Dean A	Luzerne
SMITH, MD, Donald C	Luzerne
SMITH, MD, Donald H	Northampton
SMITH, MD, Edgar C	Delaware
SMITH, MD, Edward G	Mercer
SMITH, MD, Ellen K	Montour
SMITH, MD, Eugene C	Lancaster
SMITH, MD, Gary L	Allegheny
SMITH, MD, Gary M	Luzerne
SMITH, MD, Glen T	Philadelphia
SMITH, MD, Glenn O	Allegheny
SMITH, MD, Henry F	Luzerne
SMITH, MD, Ian D	Lancaster
SMITH, MD, Ivan S	Montgomery
SMITH, MD, Jack D	Westmoreland
SMITH, DO, James A M	Dauphin
SMITH, MD, James M	Cumberland
SMITH, MD, James W	York
SMITH, DO, Jeffrey S	Greene
SMITH, MD, Jere P	Lehigh
SMITH, MD, John M	York
SMITH, MD, John W	Allegheny
SMITH, MD, Joseph L	Montour
SMITH, MD, Kaighn	Philadelphia
SMITH, KAREN A	Students
SMITH, MD, Keith B	Mercer
SMITH, MD, Maria B	Delaware
SMITH, MD, Mary L	Montgomery
SMITH, MD, Ralph W	Philadelphia
SMITH, MD, Raymond L	Berks
SMITH, MD, Raymond M	Lehigh
SMITH, MD, Richard H	Chester
SMITH, MD, Robert A	Delaware
SMITH, MD, Robert G	Warren
SMITH, MD, Robert W	Montgomery
SMITH, MD, Roger M	Montgomery
SMITH, MD, Ronald D	Philadelphia
SMITH, MD, Ronald E	Berks
SMITH, MD, Roy M	Allegheny
SMITH, MD, Russell C	Chester
SMITH, MD, Russell G	Allegheny
SMITH, MD, Stephen H	Bucks
SMITH, MD, Thomas W	Jefferson
SMITH, MD, Victoria T	Blair
SMITH, MD, Walter E	Allegheny
SMITH, MD, Walter K	Westmoreland
SMITH, MD, Walter M	Bucks
SMITH, MD, Warren S	Allegheny
SMITH, MD, William D	Delaware
SMITH, MD, William P	Cambria
SMITH, MD, William T	Allegheny
SMITH JR, MD, Benjamin V	Allegheny
SMITH JR, MD, Chester L	Monroe
SMITH JR, MD, Edgar C	Philadelphia
SMITH JR, MD, George S	Lehigh
SMITH JR, MD, Harold A	Lancaster
SMITH JR, MD, Harry A	Luzerne
SMITH JR, MD, J Stanley	Dauphin
SMITH JR, MD, James W	Beaver
SMITH JR, MD, Morgan T	Montgomery
SMITH JR, MD, Perry C	Washington
SMITH JR, MD, Ross H	Allegheny
SMITH JR, MD, Spencer R	Philadelphia
SMITH SR, MD, George S	Northampton
SMOCK, MD, Richard A	Delaware
SMOGER, MD, Barry R	Montgomery
SMOKER, CYNTHIA B	Students
SMOLKO, MD, James M	Allegheny
SMOLKO, MD, James R	York
SMOLKO, MD, Milan J	Lackawanna
SMOYER, MD, Ronald L	Cambria
SMUKLER, MD, Nathan M	Philadelphia
SMULLENS, MD, Stanton N	Philadelphia
SMYTH, MD, Lawrence T	Northampton
SMYTHE, MD, Peggy A	Allegheny
SNEDDEN, MD, Hal E	Montgomery
SNEED, MD, Audrey G	Philadelphia
SNEFF, MD, Eugene M	Blair
SNIDER, MD, B Leonard	Erie
SNITZER, MD, Arnold J	Allegheny
SNODGRASS JR, MD, W Homer	Allegheny
SNOVER, MD, Seth W	Montour
SNOW, MD, Daniel S	Erie
SNOW, MD, Laurence H	Philadelphia
SNOW, MD, Ross A	Erie
SNOW EXEC SEC, MS NANCY	Butler
SNOW JR, MD, James B	Philadelphia
SNYDER, MD, Alan I	Bucks
SNYDER, MD, Allen P	Allegheny
SNYDER, MD, Barry J	Bucks
SNYDER, MD, Barry J	Clarion
SNYDER, DO, Courtney R	Philadelphia

SNYDER, MD, Diehl M	Lebanon
SNYDER, MD, Earl J	Lebanon
SNYDER, MD, Harry D	Montgomery
SNYDER, MD, Henry R	York
SNYDER, MD, John J	Dauphin
SNYDER, MD, John M	Northampton
SNYDER, MD, Kerman	Philadelphia
SNYDER, MD, Marvin C	Carbon
SNYDER, MD, Randall W	Lackawanna
SNYDER, MD, Richard C	Allegheny
SNYDER, MD, Richard L	Lancaster
SNYDER, MD, Richard W	Montgomery
SNYDER, MD, Robert J	Lehigh
SNYDER, MD, Robert L	Northampton
SNYDER, MD, Stanley	Lehigh
SNYDER, MD, Stuart	Philadelphia
SNYDER III, MD, Howard Mcc	Philadelphia
SNYDER JR, MD, Charles F	Northampton
SNYDER JR, MD, Charles P	Westmoreland
SNYDERMAN, MD, Ruben	Allegheny
SNYDMAN, MD, Leonard	Philadelphia
SOBELMAN, MD, Paul B	Lancaster
SOBER, MD, Diane M	Allegheny
SOBIESKI, MD, Joseph	Cambria
SOBOL, MD, Bernard H	Washington
SOCRATES, MD, Jesus F	York
SODEMAN, MD, William A	Philadelphia
SOFFE, MD, Alvin M	Philadelphia
SOFFEN, MD, Deborah A S	Philadelphia
SOFFER, MD, Marvin	Philadelphia
SOFFIETTI, MD, John H	Butler
SOFFRONOFF, MD, Pierce	Allegheny
SOHN, MD, William J	Montgomery
SOISSON JR, MD, Ferdinand L	Cambria
SOKALCHUK, MD, Andrew	Philadelphia
SOKOL, MD, Joel H	Delaware
SOKOLOFF, MD, Mark I	Armstrong
SOLAN, MD, James A	Clearfield
SOLANO JR, MD, Francis X	Allegheny
SOLI, MD, Soleiman M	Philadelphia
SOLIC, MD, John J	Centre
SOLIMAN, MD, Ezzat M	Wyoming
SOLIS, MD, J Andrew	Philadelphia
SOLISH, MD, Lawrence	Philadelphia
SOLIT, MD, Robert W	Philadelphia
SOLL, MD, David B	Philadelphia
SOLLENBERGER, MD, Larry L	Dauphin
SOLLENBERGER, LAURA B	Students
SOLLER, MD, Herbert I	Dauphin
SOLNICK, MD, Paul B	Philadelphia
SOLOFF, MD, Cynthia H	Allegheny
SOLOFF, MD, Paul H	Allegheny
SOLOMITO, ALBERT L	Students
SOLOMON, MD, Cynthia A	Luzerne
SOLOMON, MD, Elias M	Lancaster
SOLOMON, MD, Macy B	Chester
SOLOMON, MD, Mark P	Philadelphia
SOLOMON, MD, Neil J	Allegheny
SOLOMON, MD, Samuel J	York
SOLOMON, MD, Solomon D	Adams
SOLOMON, MD, Stephen J	Lebanon
SOLOSKO, MD, David	Allegheny
SOLOT, DO, Jerald A	Allegheny
SOLOW, MD, Irwin A	Allegheny
SOLTER, MD, Alan W	Allegheny
SOLWAY, MD, Sydney A	Westmoreland
SOMA, MD, Joseph J	Lackawanna
SOMANI, MD, Jagdish P	Allegheny
SOMANI, MD, Nirmala	Allegheny
SOMASUNDARAM, MD, Anasuya	Northampton
SOMERS, MD, Herbert J	Philadelphia
SOMERS, MD, Joseph V	Montgomery
SOMERS, MD, Laurence A	Philadelphia
SOMERS, MD, Robert G	Philadelphia
SOMERS, MD, William R	Lycoming
SOMMA, MD, Richard M	Luzerne
SOMMARIPA, MD, Amory M	Philadelphia
SOMMER, MD, Deborah L	Allegheny
SOMMER, MD, John T	Delaware
SOMMERFELD, MD, James P	Lawrence
SOMMERVILLE, MD, Kenneth W	Lebanon
SON, MD, Daniel L	Luzerne
SON, MD, Kenneth A	Luzerne
SONBOLIAN, MD, Nasser	Allegheny
SONDER, MD, Max J	Philadelphia
SONDHEIMER, MD, Steven J	Philadelphia
SONG, MD, Michaela C	Philadelphia
SONG, MD, Sang W	Bucks
SONG, MD, Steven S	Montgomery
SONG, MD, Young J	Westmoreland
SONG, MD, Yung-Doo	Philadelphia
SONI, MD, Gurbax S	Mckean
SONNE, MD, John C	Philadelphia
SONNEBORN, MD, Duane G	Philadelphia
SONSINI, MD, Gregg A	Philadelphia
SONTHEIMER, MD, Gary G	Fayette
SOPCHAK, MD, Michael A	York
SOPHER, MD, Roger L	Philadelphia
SORARUF IV, MD, Louis P	Chester
SORBER, MD, William A	Lycoming
SORENSEN, MD, Alfred L	Washington
SORG, MD, Maurus L	Elk/Cameron
SORIANO, MD, Claver S	Allegheny
SORIANO, MD, Manuel G	Elk/Cameron
SORICELLI, MD, Richard R	Delaware
SORR, MD, Edward M	Allegheny
SOSIS, MD, Arthur C	Lehigh
SOSS, DO, Murray C	Philadelphia
SOTO, MD, Angela M	Dauphin
SOTOMAYOR, MD, Antonio E	Berks
SOTOODEHFAR, MD, Rahim	Allegheny
SOTOS, MD, L Nicholas	Armstrong
SOTOS, MD, Peter N	Armstrong
SOTOS, MD, Steven N	Allegheny
SOTUS, MD, Peter C	Mercer
SOUDER, MD, C Lawrence	Lehigh
SOUDER, MD, Francis R	Bucks
SOUDER, MD, Ronald L	Bucks
SOUDERS, MD, Thomas B	Berks
SOUILLIARD, MD, Donald H	Bucks
SOUNDARARAJAN, MD, Ranganatha	Lycoming
SOUSER, MD, Roslyn C	Montgomery
SOVETSKY, DO, Charles L	Delaware
SOWERS, MD, John W	Franklin
SPADONI, MD, Joseph L	Northampton
SPADY, MD, Michael L	Philadelphia
SPAETH, MD, George L	Philadelphia
SPAETH JR, H JOSEPH	Students
SPAGNA, MD, Paschal M	Philadelphia
SPAGNOLETTI, MD, Louis	Luzerne
SPAHR, MD, Robert C	Montour
SPANARD, MD, Russell A	Allegheny
SPANDORFER, JOHN M	Students
SPANGLER, MD, John G	Montour
SPANGLER, DO, Martin L	Berks
SPANIER, MD, Gail J	Beaver
SPANNUTH, MD, John R	Berks
SPANO, MD, Anselmo V	Delaware
SPANOGIANS, MD, Angelo J	Washington
SPARK, MD, Isadore	Philadelphia
SPARTO, MD, Robert	Luzerne
SPEACE, MD, George F	Luzerne
SPEAR, MD, Barbara A	Bucks
SPEARS, MD, Laura S	York
SPEARS, MD, Paul F	York
SPECTER, MD, Jacob	Philadelphia
SPECTOR, MD, Gus	Chester
SPECTOR, DO, Howard L	Luzerne
SPECTOR, MD, Martin	Philadelphia
SPEEDY, MD, Harry W	Westmoreland
SPEER, MD, Andrew B	Allegheny
SPEERS, MD, Herbert K	Bucks
SPEIDEL, MD, Francis X	Chester
SPELLER, MD, J Finton	Philadelphia
SPENCE, DO, Michael W	Monroe
SPENCER, MD, Donald Lynn	Chester
SPENCER, MD, H Newton	Delaware
SPERLING, MD, Herbert V	Allegheny
SPIEGEL, MD, Charles	Allegheny
SPIEGEL, MD, Daniel	Allegheny
SPIEGEL, MD, Joseph R	Philadelphia
SPIELMAN, MD, Charles C	Allegheny
SPIELMAN, MD, Scott R	Philadelphia
SPILLMAN, MD, Murray K	Lancaster
SPILSBURY, MD, Paul R	Montour
SPINA, MD, Carmen M	Butler
SPINA, MD, Nancy R	Butler
SPINA JR, MD, Joseph	Delaware
SPINNER, MD, Morton H	Monroe
SPINNEY, MD, Carmen E	Lycoming
SPINO, MD, Pascal D	Westmoreland
SPITLER III, MD, William M	Lancaster
SPITZ, MD, Eugene B	Philadelphia
SPITZ, MD, Lawrence K	Philadelphia
SPITZER, MD, Stanley	Philadelphia
SPIVACK, MD, Jack	Bucks
SPLAIN, DO, Dennis J	Lehigh
SPOCK, MD, Nicholas	Northumberland
SPOEHR, MD, Luther W	Allegheny
SPOLL, DO, Edward A	Northampton
SPOTTS, MD, Ricke L	Lebanon
SPRAGUE, MD, Grover J	York
SPRANDIO, MD, John D	Philadelphia
SPRATT, MD, Charles E	Montgomery
SPRATT, MD, Robert H	Montgomery
SPRECHER JR, MD, Omer D	Franklin
SPRINGER, MD, Jay M	Montgomery
SPRINGER, MD, Roy A	Greene
SPRITZER, MD, Susan M	Allegheny
SPROUL, MD, Stephen M	Beaver
SPROWLS, MD, Jay R	Washington
SPYROPOULOS, MD, Nicholas G	Chester
SQUADRITO, MD, James F	Delaware
SQUADRITO JR, MD, James F	Montgomery
SQUIRES, MD, Kathleen E	Philadelphia
SRIDHARA, MD, C R	Philadelphia
SRIHARSHA, MD, Patalam S	Columbia
SRINIVASAGAM, MD, Narasimman	Allegheny
SRINIVASAN, MD, Venkatraman	Lycoming
SRITULANONDHA, MD, Nowaratana	Lancaster
SRIVASTAVA, MD, Sheoneth P	Cambria
SRODES, MD, Charles H	Allegheny
SROUJI, MD, Maurice N	Philadelphia
SROUJI, MD, Samir J	Dauphin
SROUR, MD, James W	York
SRUR, MD, Jimmy S	Lebanon
ST ANDRE, MD, Mary L	Allegheny
STAAB, JEFFREY P	Allegheny
STAAS JR, MD, William E	Philadelphia
STABILE, MD, Jerome G	Northampton
STACHER, MD, Eric D	Greene
STACHURA, MD, Irene	Allegheny
STACK, MD, William T	Philadelphia
STACKHOUSE, MD, Duane E	Northampton
STACKOWSKI, MD, Maryjane	Union
STACKS JR, MD, Jacob C	Dauphin
STADER, MD, Richard O	Franklin
STADTMILLER, MD, Richard J	Cambria
STAFFARONI, MD, Mark A	Lehigh
STAFFEN, ROBERT N	Students
STAFFORD, MD, Calvin R	Delaware
STAFFORD, MD, Regis W	Allegheny
STAHL, MD, Robert W	Dauphin
STAHLE, MD, Dale C	Dauphin
STAHLMAN, MD, Frederick B	Clarion
STAHLMAN, MD, Roy A	Lancaster
STAHLNECKER, MD, C Stephen	Delaware
STAINBACK, MD, William C	Montgomery
STALEY, MD, Robert W	Allegheny
STALTER, MD, Ralph J	Allegheny
STALTERI, DO, Michael F	Dauphin
STAMAN, MD, Harry	Allegheny
STAMATAKOS, MD, Michael J	Lehigh
STAMM, MD, Barry D	Erie
STANCOMBE, MD, Wesley R	Northampton
STANEK, MD, Marjorie A	Philadelphia
STANEK, MD, Robert	Philadelphia
STANGER, MD, Robert H	Allegheny
STANISH, MD, Frank X	Allegheny
STANITSKI, MD, Carl L	Allegheny
STANK, MD, Thomas M	York
STANKO, MD, Kenneth M	Allegheny
STANKOVIC, MD, Ljubisa	Dauphin
STANTON JR, MD, James N	Allegheny
STANTON JR, MD, John J	Philadelphia
STANULONIS, MD, Stanley W	Schuylkill
STAPLES, MD, Herman D	Delaware
STAPP, MD, Harriet L	Montgomery
STARCHER, DO, Sam G	Fayette
STARER, MD, Larrimore J	Delaware
STARK, MD, Bruce I	Philadelphia
STARKEY, MD, Ralph H	Montour
STARKWEATHER, MD, George A	Delaware
STAROSCIK, MD, Rudolf N	Philadelphia
STARR, MD, Isaac	Philadelphia
STARRELS, MD, Michael E	Bucks
STARRELS, MD, Sidney H	Philadelphia
STARSNIC, MD, Mary A	Philadelphia
STARUNKO, MD, Basilio	Philadelphia
STARZ, MD, Terence W	Allegheny
STARZL, MD, Thomas E	Allegheny
STASIK JR, MD, John J	Lehigh
STAUB, MD, Alice W	Philadelphia
STAUB JR, MD, Carl A	Delaware
STAUFFER, MD, Harold E	Lancaster
STAUFFER, MD, Richard A	Dauphin
STAUFFER, MD, Stanley S	Northampton
STAVRIDES, MD, Alexander	Allegheny
STEC, MD, Eugene G	Lackawanna
STECHSCHULTE JR, MD, Donald W	Allegheny
STECKEL, MD, Alan J	Allegheny
STECKEL, MD, Donald C	Union
STEED, MD, David L	Allegheny
STEEGER, MD, Joseph R	Philadelphia
STEELE, MD, John E	Carbon
STEELE, MD, John F	Mercer
STEELE, MD, Logan H	Allegheny
STEEN, MD, Oliver T	Allegheny
STEERMAN, MD, Paul H	Philadelphia
STEFANELLI, MD, James L	Philadelphia
STEFANYSZYN, MD, Mary A	Philadelphia
STEFFENS, MD, Arnold O	Montgomery
STEFFY, DO, Harry L	Lancaster
STEGURA, MD, Barney A	Luzerne
STEHLE, N SCOTT	Students
STEHMAN, DO, Glenn R	Luzerne
STEIGERWALT, MD, John L	Montgomery
STEIKER, MD, Daniel D	Philadelphia
STEIN, MD, Alan H	Cambria
STEIN, MD, Arthur V	Lehigh
STEIN, BETSY A	Students
STEIN, MD, Eleanor R	Dauphin
STEIN, MD, Franklin M	Philadelphia
STEIN, MD, George N	Philadelphia
STEIN, MD, Harmon C	Bucks
STEIN, MD, Herbert	Philadelphia
STEIN, HOWARD M	Students
STEIN, MD, Hymen D	Philadelphia
STEIN, MD, Irvin	Philadelphia
STEIN, MD, Natalio	Philadelphia
STEIN, MD, Raymond O	Philadelphia
STEIN, MD, Richard N	Northampton
STEIN, MD, Robert S	Northampton
STEIN, MD, Seymour	Philadelphia
STEIN, MD, Stanley I	Northampton
STEIN JR, MD, Donald B	Delaware
STEINBACH III, MD, William A	Lackawanna
STEINBERG, MD, Abraam	Allegheny
STEINBERG, MD, Arthur	Philadelphia
STEINBERG, MD, Dean A	Bucks
STEINBERG, JEFFREY	Students
STEINBERG, MD, Joel S	Philadelphia
STEINBERG, MD, Marvin E	Philadelphia
STEINBERG, MD, Nathan	Philadelphia
STEINBERG, MD, Stanley B	Philadelphia
STEINBERG, MD, William J	Philadelphia
STEINBOOK, MD, Melvin	Northampton
STEINBRINK, MD, William H	Erie
STEINDEL, MD, Carl R	Lackawanna
STEINER, CRAIG M	Allegheny
STEINFELD, MD, Michael L	Allegheny
STEINFELD, MD, Richard I	Mercer
STEINGARD, MD, Joseph J	Philadelphia
STEINMAN, MD, Arnold M	Allegheny
STEINMAN, MD, David	Allegheny
STEINMAN, MD, Robert C	Lancaster
STEINMETZ III, MD, Charles G	Philadelphia
STEINMEYER JR, MD, Harry H	Montgomery
STEKERT, MD, Ruth	Bucks
STELLA, MD, Joseph E	Montour
STELLA, MD, Victoria G	Berks
STELLMACHER, MD, Virginia M	Lehigh
STELMACH, MD, Peter	Berks
STELMACH, MD, W Peter	Berks
STELZER, MD, Frederic A	Lehigh
STEM, MD, Lawrence R	Blair
STEM JR, MD, Theodore B	Allegheny
STEMMER, DO, Maryellen	Dauphin
STEMMLER, MD, Edward J	Philadelphia
STEMPKOWSKI JR, MD, Joseph J	Allegheny
STEN, MD, Jon D	Northumberland
STENCLIK, MD, Mark J	Erie
STENGEL, MD, Robert J	Lancaster
STEPANSKY, MD, David W	Montgomery
STEPANSKY, MD, William	Montgomery
STEPHAN, MD, Thorsten	Allegheny
STEPHENS, MD, Josephine M	Washington
STEPHENS, MD, Marilyn H	Clearfield
STEPHENSON, MD, James B	Philadelphia
STEPHENSON, MD, Orlando K	Perry
STEPHENSON, MD, Patricia A S	Bucks
STEPHENSON, MD, Ruth	Philadelphia
STEPPACHER, MD, Lester G	Philadelphia
STEPT, MD, Leonard A	Allegheny
STEPT, MD, Raymond	Allegheny
STEPT, MD, William J	Allegheny
STERLING, MD, Nancy I	Dauphin
STERN, MD, Lillian H	Philadelphia
STERN, RICHARD O	Students
STERN, MD, Robert M	Allegheny
STERNBERG, MD, Craig D	Philadelphia
STERNBURG, MD, Jon K	Wayne/Pike
STERNLIEB, MD, Sanford B	Luzerne
STETSON, MD, Derwood L	Franklin
STETZ, DO, Drew J	Montour
STEVENS, MD, Grant G	Columbia
STEVENS, MD, Robert G	Lancaster
STEVENSON, MD, Peter T	Westmoreland
STEVENSON, MD, Richard D	Montgomery
STEVER, DO, Samuel W	Philadelphia
STEWARD, MD, Joanne A	Lehigh
STEWARD JR, MD, Robert E	Clearfield
STEWART, MD, David A	Montgomery
STEWART, MD, Donald J	Allegheny
STEWART, MD, James A	Lycoming
STEWART, MD, Mervin S	Allegheny
STEWART, MD, Michael J	Philadelphia
STEWART, MD, Patricia E	Montgomery
STEWART, MD, Richard P	Dauphin
STEWART, MD, Russell R	Luzerne
STEWART, MD, Thomas A	Berks
STEWART, MD, William P	Philadelphia
STEWART III, DO, Joseph H	Franklin
STEWART JR, MD, William G	Montgomery
STEWART-FOLIO, MD, Beth A	Montgomery
STICK, MD, Wesley D	York
STIEF, MD, Michael J	Northumberland
STIEGEL, MD, Robert M	Beaver
STIERSTORFER, MD, Max J	Lehigh
STIFFEL, MD, Arthur	Philadelphia
STIFFEL, MD, Jerry	Philadelphia
STILE, MD, Sabato A	Westmoreland
STILL, MD, George J	Mckean
STILLEY, MD, John W	Westmoreland
STINE, MD, Amy R	Allegheny
STINELY, MD, Regis W	Washington
STINEMAN, MD, Margaret G	Philadelphia
STISH JR, MD, Anthony G	Luzerne
STITT, MD, Donald G	Mercer
STITT, MD, Hugh I	Armstrong
STOCK, MD, Donald H	Philadelphia
STOFMAN, MD, Henry C	Philadelphia
STOKER, MD, John W	Blair
STOKES, MD, Ranjan	Philadelphia
STOKES, ROBERT F	Students
STOLLER, MD, Ronald G	Allegheny
STOLOFF, MD, Irwin L	Philadelphia
STOLTZFUS, MD, Elam R	Union
STOLTZFUS, MD, Virgil D	Lancaster
STOLZ, MD, John C	Berks
STOLZ, MD, Jonathan L	Berks
STOLZER, MD, Bertrand L	Allegheny
STONE, MD, Hrant H	Philadelphia
STONE, MD, Ralph E	Fayette
STONE, MD, Robert K	Montgomery
STONE, MD, Walker H	Lycoming
STONE JR, MD, Charles S	Allegheny
STONER, MD, John C	Dauphin
STONER, MD, John G	York
STONER, MD, Max A	Dauphin
STONER, MD, Paul S	Dauphin
STONER, MD, Robert E	Lancaster
STONER JR, MD, Robert R	Dauphin
STOOL, MD, Sylvan E	Allegheny
STOREY, MD, Patrick B	Philadelphia
STORM, MD, Charles T	Delaware
STORY, MD, Nancy S	Lycoming
STOTE, MD, Robert M	Philadelphia

STOTLER, MD, Charles W	Cambria
STOUDT, MD, Donald E	Berks
STOUDT, MD, K Donald	Mercer
STOUDT, DO, Kathy J	Berks
STOUFFER JR, MD, Vance R	York
STOUT, MD, Richard R	Allegheny
STOUT, MD, William J	Lancaster
STOUTENBOROUGH, MD, Kenneth A	Lebanon
STOWE, MD, Jeffrey M	Philadelphia
STOWELL, MD, Joseph M	Blair
STRAKA, MD, John A	Allegheny
STRALEY, MD, Richard K	Lycoming
STRAMAT, MD, John M	Allegheny
STRANGARITY, MD, Joseph W	Berks
STRATFORD, SANDRA D	Students
STRATTON, MD, Henry A	Philadelphia
STRATTON, MD, Robert D	Erie
STRAUS, MD, Barbara L	Dauphin
STRAUSBAUGH, MD, Donald R	York
STRAUSE JR, MD, Harold L	Berks
STRAUSS, MD, Melvin	Dauphin
STRAUSS, MD, Richard E	Bucks
STRAUSS, MD, Robert D	Lehigh
STRAUSSFOGEL, MD, Martin K	Northumberland
STRAVINO, MD, Vincent D	Northampton
STRAWITZ, MD, Joseph G	Philadelphia
STRAYER, MD, David R	Philadelphia
STREET, MD, Thomas F	Luzerne
STREIFF JR, JOHN J	Students
STRELEC, MD, Stephen R	Allegheny
STREMPLE, MD, John F	Allegheny
STRENGE, MD, Henry J	Philadelphia
STRETTON, MD, Jean B	Chester
STREUBERT, MD, George E	Northampton
STRIAR, MD, Jeffrey H	Montgomery
STRICKER, MD, Robert S	Luzerne
STRICKLAND, MD, Mary L	Montour
STRICKLER, MD, Jane A M	Centre
STRIMLAN, MD, C Vaughn	Allegheny
STRITE JR, MD, James A	Adams
STRITTMATTER, MD, Isidor T	Philadelphia
STRITTMATTER, MD, John M	Lancaster
STROBEL JR, MD, George E	Berks
STROCK, MD, Bradford K	Dauphin
STROCKBINE, MD, Melvin F	York
STRODE, MD, Marshall D	Chester
STRONG, DO, Franklin D	Philadelphia
STRONG, MD, George H	Philadelphia
STROTHER, MD, George W	Cambria
STROUD, MD, Hilary A	Allegheny
STROUD III, MD, Morris W	Chester
STROUT, MD, Charles D	Dauphin
STRUNK, MD, Thomas J	Cambria
STRUNK, MD, William M	Northampton
STRYKER, MD, John A	Dauphin
STRZELECKI, MD, Zigmund F	Bucks
STUARD, MD, I Donald	Berks
STUART, MD, John C	Allegheny
STUART, MD, Lorna B	Chester
STUART, MD, Robert B	Erie
STUART, MD, Thomas J	Lancaster
STUBA, MD, Stella	Montgomery
STUBBLEFIELD, MD, James I	Philadelphia
STUBBS, MD, G Winston	Philadelphia
STUBBS, MD, John J	Allegheny
STUCCIO, MD, Dominick A	Luzerne
STUCCIO, MD, Joseph J	Luzerne
STUDDIFORD, MD, James S	Philadelphia
STULL, MD, Todd E	York
STULL JR, MD, Walter F	Lehigh
STUMPF, MD, Rebecca L	Greene
STUPI, MD, Angela M	Allegheny
STUPNIKER, MD, Sonia	Philadelphia
STURGEON JR, MD, John D	Fayette
STURGIS, MD, Katharine R	Philadelphia
STURM, MD, Patrick W	Beaver
STURM JR, MD, Charles F	Allegheny
STUTMAN, MD, Fred A	Philadelphia
STUTZ, MD, Martin	Washington
STYPULA, MD, Richard W	Mercer
STYPULA JR, MD, Richard W	Allegheny
SU, MD, Chao C	Philadelphia
SU, MD, Chia-Chuen	Franklin
SU, MD, Lang-Pao	Lackawanna
SU, MD, Shyh-Min	Allegheny
SUAREZ, MD, Ramon U	Lebanon
SUATONI JR, MD, Frank J	Allegheny
SUBBIAH, MD, Theuaraya N	Butler
SUBRAMANY, MD, Narayanaswamy	Elk/Cameron
SUGAR, MD, Miklos	Delaware
SUGARMAN, MD, Samuel	Philadelphia
SUGDEN, MD, William A	Bucks
SUGIURA, MD, Henry T	Philadelphia
SUGIURA, MD, Sumiko M	Philadelphia
SUH, MD, Sang J	Lackawanna
SUK, MD, Jin H	Venango
SUKANICH, MD, Kriengsak	Allegheny
SUKAROCHANA, MD, Kamthorn	Allegheny
SUKERKAR, MD, Niteen N	Franklin
SULIK, MD, Ronald F	Chester
SULLIVAN, MD, Daniel R	Allegheny
SULLIVAN, MD, Edward M	Delaware
SULLIVAN, MD, Howard E	Montgomery
SULLIVAN, MD, John M	Dauphin
SULLIVAN, MD, Lawrence X	Allegheny
SULLIVAN, MD, Michael T	Clearfield
SULLIVAN, MD, Robert D	Blair
SULLIVAN, MD, Thomas C	Westmoreland
SULLIVAN, MD, William A	Dauphin
SULLIVAN, MD, William H	Philadelphia
SULLUM, MD, Daniel S	Northampton
SULLUM, MD, Jonathan C	Lackawanna
SULTZ, DO, Marvin E	Philadelphia
SUMMERS, MD, David S	Erie
SUMMERS, MD, Kermit L	Lancaster
SUMMONS, MD, Howard J	Berks
SUMNER, MD, Harold R	Lawrence
SUN, MD, Elizabeth A	Montgomery
SUN, MD, Evelyn L	Philadelphia
SUN, MD, William Z	Philadelphia
SUNDAY, MICHAEL L	Students
SUNDERLIN JR, MD, Frederick S	Montour
SUNDERMAN, MD, F William	Philadelphia
SUNDHEIM, MD, James L	Lackawanna
SUNDMAKER, MD, Wilfried K	Delaware
SUNG, MD, Chun M	Allegheny
SUNG, MD, Duk I	Allegheny
SUNG, MD, Lee H	Westmoreland
SUNG, MD, Paul P	Lawrence
SUNSERI, MARIA J	Allegheny
SUPER, MD, Leonid E	Philadelphia
SUPERDOCK, KEITH R	Students
SUPINSKI, MD, Robert S	Potter
SUPPA, MD, Osvaldo S	Erie
SUPRYS, MARIANNE J	Students
SURI, MD, Ashok K	Erie
SURKIN, MD, Marc I	Delaware
SUSANN, MD, Philip W	Erie
SUSEN, MD, Anthony F	Allegheny
SUSI, MD, Jesse G	Erie
SUSSMAN, MD, David	Lehigh
SUSSMAN, MD, Marcel S	Philadelphia
SUSSMAN, MD, Nathan	Dauphin
SUSSMAN, MD, Sylvia	Lehigh
SUTER, MD, Harry J	Lycoming
SUTER, MD, Stanley C	Lebanon
SUTHAR, MD, Arvind L	Mifflin/Juniata
SUTLIFF, MD, Carlene S	Dauphin
SUTLIFF, MD, Frederick P	Montgomery
SUTNICK, MD, Alton I	Philadelphia
SUTTON, MD, Charles A	Blair
SUTTON, MD, Paul L	Montour
SUTTON, MD, Robert L	Allegheny
SUTTON JR, MD, Edward L	Butler
SUTTON JR, MD, John C	Beaver
SUVARNAKAR, MD, Jawahar N	Jefferson
SUWAN, MD, Manee	Berks
SUWAN, MD, Nipapan	Armstrong
SUWAN, MD, Sakdidej	Armstrong
SWAGLER, DO, Curtis P	Tioga
SWAIN, MD, Asha L	Blair
SWAIN, MD, Pradip K	Blair
SWAIN, MD, Stephen S	Schuylkill
SWALLOW, DO, William B	Union
SWAMI, MD, Kumar	Philadelphia
SWAMIDOSS, MD, Stephenson S	Dauphin
SWAN, MD, Barbara E	Allegheny
SWAN, MD, David M	Allegheny
SWAN, MD, Reyer O	Lancaster
SWAN, MD, Theodore H	Montgomery
SWANK, MD, Mark D	Northampton
SWANSIGER, MD, Robert J	Cambria
SWANSON, MD, Ernest W	Mercer
SWANSON, MD, Michael D	Allegheny
SWARTZ, MD, Edward F	Franklin
SWARTZ, MD, Joel D	Philadelphia
SWARTZ, MD, William M	Allegheny
SWARTZ JR, MD, Oliver H	Dauphin
SWEENEY, DO, Edward W	Allegheny
SWEENEY, MD, Gerald A	Montgomery
SWEENEY, DO, Thomas F	York
SWEENEY, MD, William F	Allegheny
SWEENEY JR, MD, Francis J	Philadelphia
SWEET, MD, William A	Berks
SWEGAL, MD, Otto F	Allegheny
SWEIGARD, MD, Keith W	Montgomery
SWEIGART, MD, Gene M	Bradford
SWEINBERG, MD, Sharon K	Dauphin
SWENSEN, MD, Harold E	Allegheny
SWENSEN, MD, Nancy M	Allegheny
SWETERLITSCH, MD, Louis H	Allegheny
SWETERLITSCH, MD, Louis H	Northampton
SWICK 2ND, MD, J Howard	Beaver
SWIDWA, MD, Denise M	Allegheny
SWIERCZEWSKI, MD, Edward V	Westmoreland
SWIFT, MD, Frank L	Lackawanna
SWISHER II, MD, Charles L	Lackawanna
SYBING, MD, Eugenio A	Mercer
SYBING, MD, Melita M	Mercer
SYKES, DO, Leroy I	Dauphin
SYLVESTER, MD, Hans M	Philadelphia
SYMONS, MD, John T	Blair
SZABO, MD, Emil R	Huntingdon
SZABO, MD, Patricia E	Delaware
SZAKACS, MD, Juliana G	Beaver
SZAL, MD, Joseph J	Philadelphia
SZARKO, MD, Carol J	Berks
SZARKO, MD, Frank J	Berks
SZARKO, MD, Richard J	Dauphin
SZAYNA, MD, Stanley	Philadelphia
SZEBENYI, MD, Andrew G	Montgomery
SZGALSKY, MD, Joseph B	Philadelphia
SZOKE, MD, Edward E	Adams
SZUTOWICZ, DO, Michael P	Lancaster
SZYDLOWSKI, MD, Thaddeus R	Lebanon

T

TABACHNICK, MD, Theodore M	Allegheny
TABAS, MD, Gary	Allegheny
TABLER, MD, Jan B	Montgomery
TABOR, MD, Ellen K	Allegheny
TABORA, MD, Emmanuel J	Erie
TACHDJIAN, MD, Vahaken	Philadelphia
TACHOVSKY, MD, Thomas J	Northampton
TADDONIO, MD, Richard B	Bucks
TAEFFNER, MD, John H	Philadelphia
TAFFLIN, DO, Dennis H	Bucks
TAFTAF, MD, Mohammad O	Lawrence
TAGALA, MD, Praxidio H	Clearfield
TAGGART, MD, George W	Luzerne
TAGGERT, MD, Charles	Allegheny
TAGHIZADEH, MD, Firooz	Fayette
TAHIR, MD, Mahmod A	Lehigh
TAIT, MD, Edwin C	Montgomery
TAITELBAUM, MD, Ben	Allegheny
TAKACH, MD, Stephen J	Indiana
TAKEDA, MD, Misao	Philadelphia
TALAGA, MD, Ronald N	Wayne/Pike
TALAMO, MD, Robert J	Westmoreland
TALATI, MD, Dineshkumar C	Luzerne
TALBERT, MD, Madonna L	Lancaster
TALBOT, MD, Sheryl F	Philadelphia
TALBOTT, MD, John B	Allegheny
TALENTI, DAVID A	Students
TALL, MD, Milton G	Allegheny
TALLAM, MD, Janardan R	Cambria
TALLERICO, MD, Samuel J	Allegheny
TALLMAN, MD, Edwin H	Berks
TAMA, MD, Lawrence	Bradford
TAMAKI, MD, H Tom	Montgomery
TAN, MD, Anthony H S	Allegheny
TAN, MD, Antonius H	Lehigh
TAN, MD, Domingo C	Jefferson
TAN, MD, Edwin L	Lackawanna
TAN, MD, Isabel G	Mercer
TAN, MD, Josephine C	Philadelphia
TAN, MD, Lian K	Carbon
TAN, MD, Myrna M	Philadelphia
TAN, MD, Wilfredo S	Erie
TAN, MD, Yoke Y	Dauphin
TAN JR, MD, Ramon N	Cambria
TANANIS, MD, Anthony A	York
TANANIS, MD, Leonard J	Schuylkill
TANCOR, MD, Benito	Philadelphia
TANKER, DO, Mark S	Philadelphia
TANNEHILL, MD, Norman B	Allegheny
TANNER, MD, Leonard M	Lebanon
TANNING, MD, Howard M	Allegheny
TANRIBILIR, MD, Abdul K	Columbia
TANTISIRA, MD, Boonrak	Allegheny
TANTISIRA, KELAN G	Allegheny
TANTISIRA, MD, Somphong	Westmoreland
TANTUM, MD, Kermit R	Dauphin
TANYOL, MD, Hasib	Montgomery
TANZER, MD, Peter P	Allegheny
TAPYRIK, MD, Nicholas	Beaver
TARABISHI, MD, Farida N	Allegheny
TART JR, MD, Braston I	York
TARWATER, MD, Doyle L	Fayette
TASMAN, MD, William S	Philadelphia
TATE, MD, Frederick J	Lehigh
TATE, MD, J Harrison	Erie
TATEM 3RD, MD, Henry R	Bucks
TATTERSALL, MD, Harold A	Monroe
TAUBER, MD, Joseph B	Allegheny
TAUBER, MD, Robert	Philadelphia
TAUBER, MD, Stanley A	Philadelphia
TAUBERG, MD, Herbert R	Allegheny
TAUS, DO, John K	Lehigh
TAVANA, MD, Manoucher	Erie
TAVARES, MD, Joao O	Erie
TAVARIA, MD, Soli	Schuylkill
TAVOULARIS, MD, Marjorie O	Allegheny
TAX, MD, Richard L	Bucks
TAXIN, MD, Richard N	Delaware
TAYLOR, MD, Arthur R	Lycoming
TAYLOR, MD, Gwendolyn D	Bradford
TAYLOR, MD, Jacqueline	Philadelphia
TAYLOR, MD, James A	Monroe
TAYLOR, MD, James E	Philadelphia
TAYLOR, MD, Marcia R	Philadelphia
TAYLOR, MD, Morgan F	Beaver
TAYLOR, MD, Philip C	Philadelphia
TAYLOR, MD, Rodney J	Allegheny
TAYLOR III, MD, James S	Dauphin
TAYLOR JR, MD, Elmer J	Philadelphia
TAYLOR JR, MD, Fred R	Warren
TAYLOR JR, MD, John O	Crawford
TCHIRKOW, MD, George	Allegheny
TCHONG, MD, Kuo-Liang	Delaware
TE, MD, Tomas T	Bucks
TEDESCHI, MD, Albert A	Berks
TEDESCO, MD, Louis J	Luzerne
TEED, MD, Edward L	Erie
TEEHAN, MD, Brendan P	Montgomery
TEEPLE JR, MD, Edward	Allegheny
TEET, MD, Daniel A	Allegheny
TEETER, MD, James H	Franklin
TEGZES JR, MD, George	Allegheny
TEH, MD, Pek C	Lawrence
TEICH, MD, Kenneth W	Dauphin
TEICH, MD, Stephen M	Montgomery
TEICHMAN, MD, Fred	Union
TEITELBAUM, MD, Carl	Luzerne
TEJPAR, MD, Mohamed K	Lawrence
TEMELES, MD, Lawrence	Philadelphia
TEMELES, MD, Roy S	Allegheny
TEMPLETON, MD, Bryce	Philadelphia
TEMPLETON III, MD, John Y	Philadelphia
TEMPLETON JR, MD, John M	Philadelphia
TEMPLIN JR, MD, William B	Cambria
TENENOUSER, MD, Barry	Allegheny
TENICELA, MD, Ruben	Allegheny
TENSUAN JR, MD, Leonardo S	Somerset
TEPLICK, MD, Joseph G	Philadelphia
TEPPER, MD, Maurice C	Philadelphia
TEPPER, ROBERT E	Students
TEREDESAI, MD, Pradip R	Allegheny
TERMINI, MD, Joseph T	Lehigh
TERNER, MD, Irwin S	Allegheny
TERNES, MD, Robert J	Franklin
TERWILLIGER, MD, Jerry W	Bradford
TESSARO, MD, Anne N	Allegheny
TESSLER, MD, A Robert	Philadelphia
TESTA, MD, John W	Luzerne
TESTA, MD, Joseph A	Westmoreland
TESTER, MD, William J	Philadelphia
TETALMAN, MD, Bruce I	Allegheny
TETRICK, MD, Elbert L	Allegheny
TEUFEL, MD, Severin	Philadelphia
THAETE, MD, Frank L	Allegheny
THAKARAR, MD, Pushpa	Chester
THALER, MD, Malcolm S	Philadelphia
THAMES, DO, Richard	Jefferson
THANE, MD, Thane T	Franklin
THANKI, MD, Ashokkumar S	Bucks
THEERAKULSTIT, MD, Virachai	Allegheny
THEIS, MD, Steven W	Allegheny
THEL JR, MD, Henry C	Beaver
THEMAN, MD, Terrill E	Northampton
THETGYI, MD, Katherine	Philadelphia
THEUERKAUF JR, MD, Frank J	Erie
THEURKAUF JR, MD, Edward A	Chester
THIELE, MD, Brian L	Dauphin
THIERS, MD, George F	Allegheny
THOFT, MD, Richard A	Allegheny
THOMA, MD, George M	Allegheny
THOMAS, MD, Bruce L	Huntingdon
THOMAS, MD, Carmen C	Philadelphia
THOMAS, DO, Charles E	York
THOMAS, MD, Chester G	Dauphin
THOMAS, MD, Christopher W	Crawford
THOMAS, MD, David E	Allegheny
THOMAS, MD, Eugene L	Philadelphia
THOMAS, MD, F Ardell	Tioga
THOMAS, MD, George P	Carbon
THOMAS, MD, Harold D	Washington
THOMAS, MD, Harry L	Philadelphia
THOMAS, MD, Henry W	Allegheny
THOMAS, MD, James H	Westmoreland
THOMAS, JAMES W	Students
THOMAS, MD, John M	Bradford
THOMAS, MD, John W	Philadelphia
THOMAS, MD, John W	Allegheny
THOMAS, KATHLEEN M	Allegheny
THOMAS, MD, L Martha Ann	York
THOMAS, MD, Nathan O	Somerset
THOMAS, MD, Robert D	Allegheny
THOMAS, MD, Thomas	Venango
THOMAS, MD, Thomas K	Jefferson
THOMAS, MD, Victor J	Allegheny
THOMAS JR, MD, David W	Clinton
THOMAS JR, MD, George P	Carbon
THOMAS JR, MD, Harold D	Beaver
THOMAS JR, MD, Howard P	Bucks
THOMAS JR, MD, James A	Delaware
THOMAS JR, MD, James J	Erie
THOMMI, MD, George	Allegheny
THOMPSON, MD, Bradford R	Beaver
THOMPSON, MD, C Fred	Northampton
THOMPSON, MD, Carson J	Lackawanna
THOMPSON, MD, Dan R	Allegheny
THOMPSON, MD, David I	Cumberland
THOMPSON, MD, Frank V	Northampton
THOMPSON, MD, Herbert	Allegheny
THOMPSON, MD, James S	Allegheny
THOMPSON, MD, James W	Montgomery
THOMPSON, MD, John W	Allegheny
THOMPSON, MD, Linda L	Beaver
THOMPSON, MD, Mark E	Allegheny
THOMPSON, MD, Peter J	Venango
THOMPSON, MD, Robert J	Philadelphia
THOMPSON, MD, Robert L	Allegheny
THOMPSON, MD, Robert L	Cumberland
THOMPSON, MD, T Ewing	Allegheny
THOMPSON, MD, William G	Allegheny
THOMPSON, MD, William W	Elk/Cameron
THOMS JR, MD, William W	Philadelphia
THONET, MD, Marcel A	Philadelphia
THORINGTON, MD, J Monroe	Philadelphia
THORNDYKE, MD, Luanne E	Philadelphia
THORNE, MD, Charles G	Chester
THORNTON, MD, Helen R	Allegheny
THORNTON, MD, Joseph K	Franklin
THORNTON III, MD, James J	Delaware
THORP, MD, T Ramsey	Philadelphia
THORSEN JR, MD, William B	York
THORWARTH, MD, William T	Philadelphia
THURMAN, MD, John N	Delaware
TIAN, MD, Will T	Mercer
TIBBELS, MD, Ewing W	Bucks

TIBBENS, MD, George F	Washington
TIBBITTS, MD, James A	Lebanon
TIBERIO, MD, Richard A	Fayette
TIBURCIO JR, MD, Albino F	Butler
TICE, MD, Walter R	Bucks
TICKNER, MD, Louis	Philadelphia
TICZON, MD, Andres R	Allegheny
TIETBOHL JR, MD, Ralph H	Berks
TIETJEN, MD, George W	Wayne/Pike
TIFFT, MD, Stephen W	Lancaster
TIGER, MD, Melvyn E	Philadelphia
TIGNOR, MD, Richard F	Lycoming
TIHANSKY, MD, Theodore B	Schuylkill
TILLGER, MD, John J	Philadelphia
TILLMAN JR, MD, Joseph M	Philadelphia
TILLY, MD, David A	Lehigh
TILVA, MD, Praful K	Northumberland
TIMEK, MD, Patricia A	Cambria
TIMENS, MD, Lawrence J	Cambria
TIMNEY, MD, Thomas E	Venango
TINDALL, MD, Dorothy D	Montgomery
TINDALL, MD, Herbert L	Lancaster
TINDALL, MD, Janice C	Lancaster
TINNEY JR, MD, William S	Lancaster
TINSLEY, MD, John P	Monroe
TIONGSON, MD, Eleanor S	Delaware
TIONGSON JR, MD, Jose G	Delaware
TIPPING, MD, James S	Allegheny
TIPTON, MD, Raymond L	Venango
TIRACCHIA, MD, Joseph	Philadelphia
TISHERMAN, MD, Samuel A	Allegheny
TISHERMAN, MD, Samuel E	Allegheny
TITCHWORTH, MD, Roy L	Allegheny
TITUS, MD, Anthony F	Dauphin
TITUS, MD, Laborde	Philadelphia
TOBIA, MD, Enio W	Delaware
TOBIAS, MD, Richard B	Lycoming
TODARO, MD, Samuel R	Lackawanna
TODD, MD, Margaret R	Allegheny
TODHUNTER, MD, William D	Lycoming
TODOROVSKA, MD, Zagorka	Philadelphia
TOFF, DO, Kenneth J	Lehigh
TOLAN, MD, Jeffrey R	Dauphin
TOLAND, MD, Joseph C	Philadelphia
TOLAND, MD, Joseph J	Philadelphia
TOLAT, MD, Pratima R	Philadelphia
TOLEDO, MD, Francisco L	Philadelphia
TOLENTINO, MD, Julian C	Butler
TOLENTINO, MD, Pablito L	Bucks
TOLHURST, MD, Kirk D	Bradford
TOLIN, FREDRIK P	Allegheny
TOLINS, MD, Christine L	Tioga
TOLIS, MD, Basile D	Blair
TOLLETT, MD, Charles A	Philadelphia
TOLMAN, MD, Leon M	Allegheny
TOLSCIK, MD, Richard Z	Montgomery
TOMARELLI, MD, Raymond C	Allegheny
TOMASELLO, MD, Donald N	Philadelphia
TOMASI, MD, Samuel J	Beaver
TOMASSETTI, MD, Bernard A	Philadelphia
TOMAZIC, DO, David R	Lackawanna
TOMCI, MD, George E	Westmoreland
TOME, MD, Robert E	Berks
TOMEDI, MD, John R	Luzerne
TOMEO, MD, Michael	Montgomery
TOMHAVE, MD, Robert H	Cambria
TOMKIEWICZ, MD, Thaddeus J	Berks
TOMLEY, MD, John E	Allegheny
TOMLIN, MD, Joseph	Schuylkill
TOMLINSON, MD, John W	Bucks
TOMLINSON, MD, John W	Delaware
TOMPA, MD, Alexander F	Lehigh
TOMPKINS, MD, H Ernest	Montgomery
TONDREAU, MD, Roderick L	Philadelphia
TONG, MD, Shiu Y	Philadelphia
TONKEN, MD, Harvey	Cambria
TONKONOW, MD, William	Philadelphia
TONREY, MD, Francis G	Luzerne
TONSEY, MD, Habib	Philadelphia
TOOR, MD, Shaista N	Allegheny
TOOR, MD, Svinder S	Montour
TOOZE, MD, Frank M	Erie
TOPERZER, MD, Betty C	Erie
TORBAN, MD, Clara B	Philadelphia
TOREKI, MD, William	Bucks
TORET, MD, Michel P	Westmoreland
TORI, MD, Joseph N	Chester
TORIO, MD, Reynaldo M	Westmoreland
TORNAY, MD, Anthony S	Philadelphia
TORNETTA, MD, Frank J	Montgomery
TOROK, MD, Frank S	Washington
TORPEY JR, MD, David J	Allegheny
TORRENCE, MD, Michael B	Delaware
TORRES, MD, Albert L	Luzerne
TORRES, MD, Flora M	Bedford
TORRES, MD, Julio E	Northampton
TORRES, MD, Robin G	Bedford
TORRES, MD, Victor L	Philadelphia
TORRETI, MARYELLEN A	Students
TORRETTI, MD, Dennis	Montour
TORREY, MD, Edwin H	York
TOSO, MD, Gianfranco F	Berks
TOTINO, MD, Joseph A	Delaware
TOTO, MD, Andrew S	Philadelphia
TOUCH, MD, Ralph J	Lackawanna
TOURIGNY, MD, Paul R	Philadelphia
TOURTELLOTTE, MD, Charles D	Philadelphia
TOUSI, MD, Abbas H	Bedford
TOWNEND, MD, Stephen C	Chester
TOWNSEND, MD, Jay A	Cumberland
TOWNSEND, MD, Mary J	Philadelphia
TOY, STEPHANIE M	Students
TRACHTE, MD, Thomas P	Berks
TRACHTENBERG, MD, Harry B	Chester
TRACHTENBERG, MD, Lee A	Allegheny
TRACHTENBERG, MD, William M	Lehigh
TRACY, MD, Gerald P	Lackawanna
TRAIMAN, MD, Richard G	Chester
TRAIN, MD, Henry D	Dauphin
TRAN, MD, Ngmia N	Philadelphia
TRAN, MD, Nhung T	Allegheny
TRANG, MD, Lien Bach	Allegheny
TRANOVICH, MD, Michael A	Allegheny
TRANSUE, MD, Seward M	Crawford
TRAUB, MD, Todd S	Venango
TRAUM, MD, Ronald E	Philadelphia
TRAUPMAN, MD, Arnold F	Northampton
TRAUTLEIN, MD, Joseph J	Dauphin
TRAVALINE, JOHN M	Students
TRAVISANO, MD, Frank J	Dauphin
TREDENNICK, MD, Charles N	Butler
TREDENNICK, MD, John T	Cambria
TREGER, MD, Albert	Allegheny
TRELLIS, MD, Emil S	Allegheny
TREMBLAY, MD, Ernest A	Delaware
TRENT, CRAIG C	Allegheny
TRENT, MD, Douglas E	Clearfield
TRENTALANCE, MD, Albert E	Philadelphia
TRENTO, MD, Alfredo	Allegheny
TREON, STEPHEN M	Allegheny
TRESCOT, MD, Ronald E	York
TRETTA, DO, Joseph T	Cumberland
TREVASKIS, MD, Allan E	Lehigh
TREVI EXEC, DIR, John	Philadelphia
TREVISANI, MD, Michael F	Bradford
TREXLER, MD, Ethan L	Berks
TREXLER, MD, Harold L	Berks
TRIANA, LISETTE	Students
TRIANO, MD, Gene J	Dauphin
TRIBIT JR, MD, Charles B	Philadelphia
TRIBOLETTI, MD, Frances M	Delaware
TRICHTINGER, MD, Martin D	Montgomery
TRIESTER, MD, Arthur N	Philadelphia
TRIFUNOVIC, MD, Robert D	Philadelphia
TRIMMER, MD, Michael N	Allegheny
TRIMMER JR, MD, John H	York
TRIMPI, MD, Howard D	Lehigh
TRINH, MD, Phuong N	Philadelphia
TRINIDAD, MD, Tito B	Clearfield
TRINKLE, MD, Wilmer S	Northampton
TRIPI, MD, Joseph E	Adams
TRIPOLI, MD, Charles J	Washington
TRIPOLI, MD, Louis C	Allegheny
TRISTAN, MD, Theodore A	Dauphin
TRIVEDI, MD, Gopalkrishna M	Mifflin/Juniata
TRIVUS, MD, Robert H	Allegheny
TROEN, MD, Philip	Allegheny
TROIANO, MD, Richard S	Beaver
TROIANOS, MD, Christopher A	Allegheny
TROILO, MD, Camillo T	Fayette
TROLLINGER, MD, Robert J	Philadelphia
TROMBETTA, MD, Mark G	Allegheny
TROMPETER, MD, Joseph I	Allegheny
TRONCELLITI, MD, A Wayne	Montgomery
TRONCELLITI, MD, Alfred E	Montgomery
TRONCELLITI, MD, Edward A	Montgomery
TRONCELLITI, MD, Manrico A	Montgomery
TRONCELLITI, MD, Mario V	Philadelphia
TRONZO, MD, Robert D	Allegheny
TROSTLE, MD, David C	Lebanon
TROSTLE, MD, Douglas R	Lehigh
TROTT, EDWARD A	Students
TROUT, MD, John A	Westmoreland
TROUT, MD, Robert G	Philadelphia
TROXEL, MD, Richard S	Lehigh
TROYAN, MD, Beatrice P	Philadelphia
TRUDO, MD, Edward W	Allegheny
TRUE, MD, A Curtis	Bucks
TRUITT, MD, George W	Chester
TRUITT, MD, Peter V	Berks
TRUITT JR, MD, R Marshall	Philadelphia
TRUITTE, DAVID B	Allegheny
TRUJILLO, MD, Hernando	Bucks
TRUJILLO, MD, Rene	Wyoming
TRUMBORE, MD, David J	Allegheny
TRUMBULL, MD, Horace R	Berks
TRUMP, MD, David H	Dauphin
TRUSCOTT, MD, William R	Montgomery
TRUSKY, MD, Jeanette I	Greene
TRUSNOVIC JR, WILLIAM D	Allegheny
TRUXAL, MD, Blair D	Allegheny
TSAI, MD, Edward M	Indiana
TSAI, MD, Jer-Yuan	Greene
TSAI, MD, Joseph C	Philadelphia
TSAI, MD, Ming C	Blair
TSAI, MD, Ming Che	Erie
TSAI, MD, Yu J	Montgomery
TSAI, MD, Yung-Hsien	Mercer
TSE, MD, Rose L	Philadelphia
TSOUTSOPLIDES, MD, George C	Luzerne
TSUNG, MD, Wen-Han	Beaver
TUAN, MD, Bao-Kuen	Lackawanna
TUCHINDA, MD, Jalit	Allegheny
TUCKER, MD, James N	Allegheny
TUCKER, MD, Thomas W	Chester
TUDDENHAM, MD, William J	Philadelphia
TUFFAHA, MD, Hani J	Lycoming
TUFFIASH, MD, William A	Lehigh
TUFT, MD, Louis	Philadelphia
TUKANOWICZ, MD, Stanislaw A	Cambria
TUKE, MD, Gregory C	Berks
TULISZEWSKI, MD, Robert M	Adams
TULL, MD, John W	York
TULLAI, MD, John	Delaware
TULLIUS, CHARLES	Students
TULLY, MD, Vincent J	Wayne/Pike
TULSKY, MD, Emanuel G	Philadelphia
TUMAIAN, MD, Aram	Delaware
TUMEN, MD, Henry J	Philadelphia
TUNG, MD, Alfred S	Allegheny
TUNICK, MD, Stephen E	Allegheny
TURAKHIA, MD, Bharati V	Philadelphia
TURBESSI, MD, Albert J	Warren
TURCHETTI, MD, Eugene A	Lackawanna
TURCHI, MD, Pierre B	Franklin
TUREL JR, MD, Anthony P	Montour
TURFLER, MD, David L	Allegheny
TURKEWITZ, MD, David	Montour
TURMAN, MD, Christopher	Philadelphia
TURNBLACER, MD, Charles B	Butler
TURNER, MD, Joseph	Allegheny
TURNER, MD, Keith S	Northampton
TURNER, MD, Margo E	Philadelphia
TURNER, MD, Martha	Philadelphia
TURNER, MD, Morris E	Allegheny
TURNER, MD, Oliver E	Allegheny
TURNER JR, MD, J Ellis	Delaware
TUROCK, MD, Michael J	Lackawanna
TURSI, MD, Joseph J	Philadelphia
TURSKY, MD, Rosemarie J	Dauphin
TURTZ, KARLENE K	Students
TURTZO, MD, Douglas F	Northampton
TURULA, MD, Jon B	Lancaster
TUSHIM, MD, Joseph N	Blair
TUTTLE, MD, Alfred	Allegheny
TUTTLE, MD, William B	Allegheny
TWAL, MD, Shafic Y	Indiana
TWARDY, MD, Bernadette E	Philadelphia
TWER, MD, Harris	Philadelphia
TWIGGAR II, MD, Edward V	Northumberland
TYLER, MD, George	Northampton
TYMCHAK, GREGORY T	Allegheny
TYMOCZKO, MD, Robert G	Westmoreland
TYMON, MD, Timothy P	Lancaster
TYNDALL, MD, Christine S	Allegheny
TYNDALL, MD, James A	Dauphin
TYSON, MD, R Robert	Philadelphia
TYSON JR, MD, Russell R	Chester
TZANIS, MD, Loucas C	Dauphin
TZARNAS, MD, Chris D	Philadelphia

U

UBER, MD, Thomas R	Lawrence
UBINGER, JEFFREY P	Allegheny
UBINGER, MD, William N	Allegheny
UCMAKLI, MD, Alptekin	Philadelphia
UDARBE, MD, Guillermo G	Elk/Cameron
UDELL, MD, Louis	Philadelphia
UDOMSAK, MD, Paramin	Lackawanna
UDOSHI, MD, Geeta M	Luzerne
UDOSHI, MD, Mallapa B	Luzerne
UFBERG, MD, Michael H	Lehigh
UHL, KATHLEEN D	Students
UHLMAN, MD, Richard C	Chester
UHRICH, MD, Kathryn H	Lebanon
UHRICH, MD, Robert W	Lebanon
UKNIS, AUDREY B	Students
ULASEWICZ, MD, Catherine C	Bucks
ULASEWICZ, MD, Joseph T	Montgomery
ULBRECHT, MD, Jan S	Centre
ULICNY, MD, Thomas L	Allegheny
ULIZIO, MD, Anthony R	Allegheny
ULRICH, MD, Jack M	Allegheny
ULRICH, MD, Richard G	Dauphin
ULRICH, MD, Samuel D	Dauphin
ULRICH, MD, Wesley D	Delaware
ULUS, MD, Ahmet	Philadelphia
ULUS, MD, Fuat	Blair
UMALI, MD, Idona C	Luzerne
UMAR, MD, Kenan	Montgomery
UMLAUF, MD, Charles W	Lehigh
UMPIERRE, MD, Anthony H	Berks
UNDERHILL, MD, William L	Erie
UNGAR, MD, James R	Philadelphia
UNGAR-SARGON, MD, Julian Y	Delaware
UNTEREKER, MD, William J	Philadelphia
UNWIN, MD, William M	Philadelphia
UPDEGRAFF, MD, William C	Allegheny
UPDEGROVE, MD, John H	Northampton
UPDEGROVE, MD, Robert A	Lycoming
UPDIKE JR, MD, Furman T	York
URAM, MD, Herbert	Allegheny
URBACH, MD, Frederick	Montgomery
URBACH, MD, John R	Philadelphia
URBAN, MD, Clifford H	Montgomery
URBAN, MD, Donald G	Cumberland
URBAN, MD, Rena L	Allegheny
URBAN, MD, Richard S	Allegheny
URBAN, MD, Robert R	Westmoreland
URBANO, MD, Tomas H	Allegheny
URBANSKI, MD, Timothy E	Montgomery
URIBE, MD, Alexander	Delaware
URICCHIO, MD, Joseph F	Philadelphia
UROSKIE, MD, Theodore W	Lackawanna
URREA, MD, J Oscar	Allegheny
USHINSKI, MD, Stanley C	Luzerne
UTBERG, MD, John R	Allegheny
UTSINGER, MD, Peter D	Montgomery
UY, MD, Henry T	Washington
UY, MD, Nenito P	Chester
UY, MD, Nonita T	Allegheny
UZYCH, MD, Walter	Delaware

V

VACCARO, MD, Philip F	Washington
VACCARO, MD, V Michael	Philadelphia
VACCARO, MD, Vincent M	Delaware
VACHARAT, MD, Nibondh	Philadelphia
VACHRANUKUNKIET, MD, Theerasakid	Philadelphia
VADILLO, MD, Alberto E	Delaware
VAGLEY, MD, Richard T	Allegheny
VAHEDI, MD, Houshang M	Montgomery
VAIDYA, MD, Shailendra	Philadelphia
VAISMAN, MD, Sergio R	Allegheny
VAKIL, MD, Hassan C	Delaware
VALCARCEL, MD, Sofronio J	Allegheny
VALDES, MD, Conrado A	Mckean
VALDIVIA, MD, Duilio E	Mifflin/Juniata
VALE, ROBERT M	Students
VALE, STEVEN	Students
VALENA, MD, Elena V	Mercer
VALENA, MD, Loe V	Mercer
VALENCIA, MD, Celedonio C	Berks
VALENTEEN, MD, John W	Delaware
VALENTI, MD, John T	Luzerne
VALENTINE, MD, Jerome D	Philadelphia
VALENTINE, MD, Lee S	Allegheny
VALENZA, MD, Thomas C	Allegheny
VALERIANO, MD, James P	Allegheny
VALIGORSKY, MD, Paul J	Elk/Cameron
VALKO, MD, Annemarie P S	Allegheny
VALKO, GEORGE P	Students
VALLABH, MD, Sagar V	Mercer
VALLE, MD, Edgar O	Delaware
VALLEJO, MD, Manuel C	Washington
VALLESTEROS, MD, Federico P	Mercer
VALLIAPPAN, MD, Swaminathan	Allegheny
VALLOW, MD, Morton J	Philadelphia
VALVERDE, MD, Mario F	Lackawanna
VAN DE BEEK, MD, M Louis	Philadelphia
VANANTWERP, MD, Kenneth J	Lancaster
VANBUSKIRK, MD, Charles	York
VANDAMIA, MD, Donald N	Erie
VANDENBOSCH, MD, John T	Berks
VANDERBEEK, MD, Richard R	Bucks
VANDERLIN, MD, Robert L	Lycoming
VANDERPOOL, MD, Ramon A	Bucks
VANDERVEER, MD, Joseph B	Montgomery
VANDERVEER, MD, Lindsley D	Northampton
VANDUREN, MICHAEL J	Allegheny
VANDUUREN, MD, Anton	Franklin
VANDYK, MD, Klaas	Westmoreland
VANEENWYK, MD, Fay J	Montgomery
VANEPPS, MD, Susan F	Dauphin
VANETT, MD, Bruce B	Delaware
VANGAALEN, MD, Adriaan J	Northampton
VANGIESEN, MD, Peter J	York
VANGUNDY, MD, Gregory A	Delaware
VANKIRK, MD, James K	Franklin
VANKIRK JR, JAMES K	Allegheny
VANKIRK JR, MD, John S	Allegheny
VANLOON, MD, Emily L	Philadelphia
VANNUCCI, MD, Robert C	Dauphin
VANSANT, MD, Alan E	York
VANSCOTT, MD, Eugene J	Montgomery
VANSTRIEN, MD, Adrian R	Washington
VANVORIS, MD, Lee P	Erie
VANZANTEN, MD, Henry C	Mercer
VARADA, MD, Annapoorna	Philadelphia
VARANO, MD, Lottie A	Dauphin
VARANO, MD, Vincent J	Montour
VARCELOTTI, MD, Jorge R	Erie
VARDARO, MD, Lina G	Philadelphia
VARE JR, MD, Victor B	Montgomery
VARGA, MD, Arthur B	Fayette
VARGA, MD, Jeffrey M	Allegheny
VARINDANI, MD, Mahesh	Allegheny
VARKER, MD, Carolyn B	Philadelphia
VARKER, MD, Mary D	Philadelphia
VARLEY, WILLIAM A	Students
VARLEY, MD, William J	Allegheny
VARMA, MD, Swarna	Allegheny
VASA, MD, Mark A	Berks
VASILY, MD, David B	Northampton
VASQUEZ, MD, Ramon A	Allegheny
VASSALLUZZO, MD, Francis J	Bucks
VASSALLUZZO, MD, Julio E	Bucks
VASSALOTTI, MD, Stephen B	Philadelphia
VASTA, MD, Alfred G	Bucks
VASTINE, MD, John R	Northumberland
VASUDEVAN, MD, Gopalan	Westmoreland
VASUDEVAN, MD, Raghavan	Lycoming
VATAVUK, MD, Mark K	Erie
VATES, MD, Charles W	Allegheny
VAUGHAN, MD, Paul M	Allegheny
VAUGHN JR, MD, Arthur R	Philadelphia
VEGA, MD, Rogelio E	Armstrong
VELAYO, MD, Dante P	Union
VELEZ, MD, Rafael I	Westmoreland
VEMULAPALLI, MD, Kutumbarao	Erie
VEMULAPALLI, MD, Lakshmi R	Erie
VENABLE JR, MD, John E	Erie

VENIER, MD, Leon H	Berks
VENIT, MD, Bethany A	Luzerne
VENTRA, MD, Pamela C	Allegheny
VENTRE, MD, Susan	Lackawanna
VENTURA, MD, Cecilia R	Lackawanna
VENTURA, MD, Samuel R	Lackawanna
VENZON, MD, Norman A	Westmoreland
VERA, MD, Luis F	Philadelphia
VERBINSKI, MD, Ted	Berks
VERBRUGGEN, MD, Hugo C	Northampton
VERCH, DANA R	Students
VERCH, PATRICIA M	Students
VERDECCHIA, MD, Leo M	Erie
VERDI, MD, Carol A	Philadelphia
VERDILE, MD, Vincent P	Allegheny
VERGARE, MD, Michael J	Philadelphia
VERGNE, MD, Raymond	Allegheny
VERMA, MD, Maheshwer B	Northampton
VERMEIRE, MD, David A	Mercer
VERNICK, MD, Clifford G	Lehigh
VERNICK, MD, Jerome J	Philadelphia
VERNINO, MD, Rocco A	Allegheny
VERNOCY, MD, William C	Indiana
VERNOCY, MD, William G	Indiana
VERONESI, DO, John N	Jefferson
VERSAGE, MD, Joseph L	Northampton
VESELY, MD, John A	Washington
VESOULIS, MD, Zissis	Bradford
VEY, MD, Edwin K	Allegheny
VICKERS, MD, Curtis W	Columbia
VICKERY, MD, Jon L	Dauphin
VICTOR, MD, Mark F	Philadelphia
VICTORES, MD, Ruben D	Philadelphia
VIDELL, DO, Jerry S	Philadelphia
VIECHNICKI, MD, Michael B	Lehigh
VIEK, MD, Nicholas F	Chester
VIERA, MD, Angel	Allegheny
VIGILANTE, MD, Michael	Lehigh
VIGLIONE, MD, Joseph P	Monroe
VIKOREN, MD, Farah H	Bucks
VILLA, MD, Francisco B	Potter
VILLACRUSIS, MD, Oscar C	Luzerne
VILLANOS, MD, Jesus M	Erie
VILLANUEVA, MD, Onofre Q	Venango
VILLAVICENCIONOCHE, MD, Lydia L	Fayette
VILLEGAS, MD, Antonio C	Montgomery
VILLEGAS, MD, Emilio	Westmoreland
VILLELLA, MD, Edward R	Allegheny
VILSACK, MD, G Ray	Allegheny
VIN, MD, Prakash K	Westmoreland
VINCENT, MD, Joseph E	Lehigh
VINER, MD, Edward D	Philadelphia
VIOLAGO, MD, Eduardo S	Dauphin
VIOZZI, MD, Francis J	Montour
VISNESKI, DO, Paul E	Lancaster
VISPERAS, MD, Emiliana P	Northampton
VISPERAS, MD, Mario F	Carbon
VISWANATHAN, MD, Byravan	Adams
VITALE, MD, Louis J	Lackawanna
VITANZA, DO, Sebastian A	Erie
VITKIN, MD, Elvina	Philadelphia
VITTO, ANTHONY	Students
VITTONE, MD, Ronald B	Westmoreland
VIVIAN, MD, Gail M	Chester
VIZER, MD, Mark B	Bucks
VLACHOS, MD, Vasilios A	Chester
VLAHOS, DO, Patrick J	Allegheny
VLESSING, MD, Elias	Bucks
VOCI, MD, Gerardo	Philadelphia
VOGAN, MD, Clifford R	Armstrong
VOGAN, MD, William R	Mercer
VOGEL, MD, Adolph W	Delaware
VOGEL JR, MD, Julius A	Beaver
VOGELEY, MD, Eva A	Allegheny
VOGIN, MD, Eugene E	Philadelphia
VOGLER JR, MD, Wilfred E	Northampton
VOGT, BETH A	Allegheny
VOGT, MD, Merle A	Delaware
VOGT SR, MD, David G	Erie
VOLK, MD, Francis N	Philadelphia
VOLK, MD, Stephen A	Northampton
VOLKIN, MD, Leonard B	Allegheny
VOLKIN, MD, Robert L	Allegheny
VOLLMER, MD, Earl S	Montgomery
VOLOSON, MD, Kent J	Philadelphia
VOLPETTI, MD, George W	Luzerne
VONRUEDEN, MD, David G	Delaware
VOORA, MD, Bharathi S	Erie
VOORA, MD, Sambasivarao	Erie
VORA, MD, Prafullchandra	Greene
VORE, MD, Steven B	Centre
VOSK, MD, Arno D	Lycoming
VOSSENBERG, MD, Frans J	Montgomery
VOUTSINAS, MD, Louisa V	Luzerne
VOYTKO, MD, Richard E	Cambria
VRABEC, MD, Donald P	Montour
VRABLIK, MD, Ronald M	Crawford
VREELAND, MD, James H	Cambria
VRIES, MD, John K	Allegheny
VUCHINICH III, THEODORE	Allegheny
VUJAN, MD, Alexander S	Allegheny
VUJAN JR, MD, Alexander S	Mercer
VUJEVICH, MD, Marion M	Allegheny
VUKMER, GEORGE J	Students
VUKMER, MD, George J	Venango
VUKMIR, RADE B	Allegheny
VUONG, MD, Phuong H	Allegheny

W

WACHS, MD, Hirsh	Allegheny
WACHSPRESS, MD, Joseph D	Philadelphia
WACHTER, MD, H Ewing	Monroe
WADDINGTON, MD, Arthur W	Philadelphia
WADE, MD, Franklin G	Lycoming
WADE, MD, George R	Chester
WADEMAN, MD, Ross L	Berks
WADHWA, MD, Kamal P	Lawrence
WADHWA, MD, Rajindar K	Allegheny
WADHWA, MD, Saroj R	Allegheny
WADHWANI, MD, Bhagwan J	Washington
WAGENHEIM, MD, Harry H	Philadelphia
WAGENHEIM, MD, Helen S	Philadelphia
WAGMAN, MD, Albert D	Philadelphia
WAGNER, MD, Charles I	Montgomery
WAGNER, MD, Charles W	Philadelphia
WAGNER, MD, David K	Philadelphia
WAGNER, MD, Jere L	Northumberland
WAGNER, MD, John B	Berks
WAGNER, MD, John M	Lackawanna
WAGNER, MD, Joseph A	Philadelphia
WAGNER, MD, Kenneth L	Bucks
WAGNER, MD, Louis J	Venango
WAGNER, MD, Robert A	Venango
WAGNER, MD, Robert E	Potter
WAGNER, MD, Seymour	Montgomery
WAGNER, MD, Tibor D	Montgomery
WAGNER, MD, W John	Lycoming
WAGNER JR, MD, Frederick B	Philadelphia
WAGNER JR, MD, John H	Allegheny
WAGNER JR, MD, Richard S	Lancaster
WAGNER JR, MD, Thomas E	Dauphin
WAHAL, MD, George A	Allegheny
WAHHAB, MD, Abdul	Schuylkill
WAHL, MD, Dayne F	Butler
WAIBEL, MD, David A	Lackawanna
WAIBEL, MD, John T	Blair
WAINER, MD, Amos S	Philadelphia
WAITE, MD, Knighton V	Allegheny
WAKULCHIK, MD, Stephen D	Wayne/Pike
WALBERG, MD, Harry W	Allegheny
WALD, MD, Michael E	Allegheny
WALD, MD, Niel	Allegheny
WALDEN, MD, Thomas B	Northampton
WALDHAUSEN, MD, John A	Dauphin
WALDMAN, MD, Clifford R	Blair
WALDMAN, MD, Joseph	Philadelphia
WALDMAN, MD, Sydney	Philadelphia
WALDMAN, MD, Terry L	Philadelphia
WALDO, MD, Ralph F	Indiana
WALDOR, MD, Philip A	Chester
WALICHUCK, MD, John G	Delaware
WALIGURA, DO, R Curtis	Allegheny
WALINSKY, MD, Paul	Philadelphia
WALKENSTEIN, MD, Michael D	Philadelphia
WALKER, MD, A Carl	Greene
WALKER, MD, Andrew B	Lehigh
WALKER, MD, Barry R	Philadelphia
WALKER, MD, Brent E	Erie
WALKER, MD, Brian K	Centre
WALKER, MD, Herbert I	Philadelphia
WALKER, MD, James F	Erie
WALKER, MD, John E	Allegheny
WALKER, MD, Jon G	Lancaster
WALKER, MD, Leon R	Blair
WALKER, MD, M Lorenzo	Philadelphia
WALKER, MD, Margaret E	Philadelphia
WALKER, MD, Robert L	Montour
WALKER, MD, Stanley R	Northampton
WALKER, MD, Stephen R	Philadelphia
WALKER JR, MD, Leroy L	Philadelphia
WALKUP, MD, Shelia J	Venango
WALL, MD, John N	Allegheny
WALL, MD, Norman M	Schuylkill
WALL, MD, Rod A	Cambria
WALL, MD, Simon G	Allegheny
WALLACE, MD, Homer D	Allegheny
WALLACE, MD, Ira B	Philadelphia
WALLACE, MD, Richard P	Philadelphia
WALLACE, MD, Wilbur S	Erie
WALLACE JR, MD, Joseph	Delaware
WALLEN, MD, Albert D	Philadelphia
WALLENDJACK, MD, John C	Dauphin
WALLER, MD, Louis C	Allegheny
WALLER, MD, Louis C	Lackawanna
WALLERSTEIN, MD, Edward M	Erie
WALLEY III, MD, Robert E	Allegheny
WALLIN, MD, Bruce A	Philadelphia
WALLIN, MD, Thomas E	Dauphin
WALLNER, DO, Paul E	Philadelphia
WALMER, MD, John D	Lebanon
WALMSLEY, MD, James E	Chester
WALNISTA, MD, Frank J	Lackawanna
WALOFF, MD, Ronald I	Philadelphia
WALOR OFFICE, MGR, Mrs Margaret M	Westmoreland
WALRATH III, MD, Martin H	Allegheny
WALSH, MD, Arthur C	Allegheny
WALSH, CHRISTOPHER J	Allegheny
WALSH, MD, James C	Luzerne
WALSH, MD, John J	Philadelphia
WALSH, MD, John J	Allegheny
WALSH, MD, Timothy A	Washington
WALTER, MD, David L	Venango
WALTER, MD, Earl R	Mifflin/Juniata
WALTER, MD, Willard F	Allegheny
WALTER, MD, William J	Allegheny
WALTERS, MD, William H	Schuylkill
WALTERS, MD, William S	Warren
WALTMAN, MD, Charles A	Northampton
WALTZ, MD, Paul K	Dauphin
WALTZER, MD, Frederick N	Montgomery
WAMPLER, MD, David L	Cumberland
WAMPLER, MD, Merle J	York
WANAMAKER, MD, John L	Bradford
WANCZYK, MD, Casimir J	Berks
WANDALOWSKI, MD, John G	Lackawanna
WANG, MD, Barbara K	Westmoreland
WANG, MD, Chee Kung	Northampton
WANG, MD, George C	Delaware
WANG, MD, Scott E	Allegheny
WANG, MD, Shen-Chi	Mercer
WANG, MD, Yen	Allegheny
WANG, MD, Yung-Wen	Schuylkill
WAPNER, MD, John M	Lehigh
WAPNER, MD, Paul M	Philadelphia
WAPNER, MD, Ronald J	Philadelphia
WARD, MD, Edgar H	Erie
WARD, MD, Edward J	Delaware
WARD, MD, George W	Philadelphia
WARD, MD, H Richard	Union
WARD, LAURIE A	Allegheny
WARD, MD, Mary J	Columbia
WARD, MD, Michael J A	Chester
WARD, MD, Morton	Philadelphia
WARD, MD, Samuel P	Dauphin
WARD, MD, Stephen D	Montgomery
WARD, MD, Thomas A	Northampton
WARD JR, MD, Louis E	Fayette
WARDE, MD, Donal A	Allegheny
WARDEN, MD, James R	Erie
WARDLOW, ROBERT D	Allegheny
WARE, MD, William B	Beaver
WARFEL, MD, Martin C	Erie
WARGO, MD, Peter J	Allegheny
WARIKOO, MD, Nanna	Cambria
WARIKOO, MD, Shiban K	Cambria
WARNER, MD, Francis J	Montgomery
WARNER, MD, Howard F	Philadelphia
WARNER, MD, Jeannette G	York
WARNER, MD, Norman M	Chester
WARNER, MD, Robert E	Allegheny
WARNER, MD, Robert H	Allegheny
WARNER, MD, Silas L	Philadelphia
WARNICK, MD, Richard D	Philadelphia
WARNOWICZ, MD, Linda J	Philadelphia
WARREN, MD, James W	Dauphin
WARREN, MD, Jonathan	Northampton
WARREN, MD, Kenneth C	Montgomery
WARREN, MD, William L	Chester
WARRENDER, MD, William F	Bucks
WARTELLA JR, MD, Stephen	Luzerne
WASHBURN, MD, Virginia E	Allegheny
WASHBURNE, MD, Jaqueline D	Philadelphia
WASHICK, MD, Frank A	Philadelphia
WASHINGTON, MD, Buford S	Philadelphia
WASHKO-RECKNER, RITA M	Students
WASILEWSKI JR, MD, Charles L	Lycoming
WASKO, MD, Robert	Lehigh
WASLEY, MD, Douglas C	Delaware
WASNICK, MD, William	Luzerne
WASSERMAN, MD, Ronald E	Lehigh
WASSERMAN, MD, Theodore W	Philadelphia
WASSIL, MD, John G	Mercer
WASSIL JR, MD, John G	Mercer
WATERS, DO, Patrick T	Philadelphia
WATKIN JR, MD, Walter B	Dauphin
WATKINS, MD, Donald R	Mckean
WATKINS, MD, Gloria J	Westmoreland
WATSON, MD, Charles G	Allegheny
WATSON, MD, James G	Montgomery
WATSON, MD, James R	Allegheny
WATSON, MD, John C	Allegheny
WATSON, MD, Melvin E	Adams
WATSON, MD, T G	Mercer
WATSON, MD, Thomas M	Crawford
WATSON, MD, William G	Allegheny
WATTENMAKER, MD, Bernard M	Allegheny
WATTERS, MD, Edmond C	Allegheny
WAWROSE, MD, Frederick E	Huntingdon
WAX, MD, Martin B	Montgomery
WAXMAN, MD, Herbert S	Philadelphia
WAY, MD, George E	Cambria
WAYLONIS, MD, Joseph R	Allegheny
WAYNE, MD, Dennis O	Allegheny
WEADER, MD, Joseph A	Montour
WEADER, MD, William M	Northumberland
WEAN, MD, Lawrence P	Delaware
WEANER JR, MD, Howard H	Lycoming
WEAVER, MD, Aaron R	Lancaster
WEAVER, AMY LU	Montour
WEAVER, MD, Don K	Lycoming
WEAVER, MD, Donald R	Bradford
WEAVER, MD, Frank M	York
WEAVER, MD, James D	Erie
WEAVER, MD, Jean M	Allegheny
WEAVER, MD, Kent E	Berks
WEAVER, MD, Lunda E	Blair
WEAVER, MD, M Fay	Berks
WEAVER, MICHAEL A	Students
WEAVER, MD, R Clair	Lancaster
WEAVER, MD, Thomas D	Allegheny
WEBBER, MD, Carol P	Montgomery
WEBBER, MD, John B	Philadelphia
WEBER, MD, Daniel I	Dauphin
WEBER, MD, Frederic J	Montgomery
WEBER, MD, George L	Delaware
WEBER, MD, George W	Dauphin
WEBER, MD, John E	Allegheny
WEBER, MD, John I	Philadelphia
WEBER, MD, Lawrence	Allegheny
WEBER, MD, Otto R	Monroe
WEBER, MD, Richard H	Lancaster
WEBER, MD, Steven J	Philadelphia
WEBER, MD, William C	Northampton
WEBER, MD, William H	Union
WEBSTER, MD, Gordon W	Delaware
WEBSTER, MD, John H	Allegheny
WEBSTER, MD, Lane	Tioga
WEBSTER, MD, Wilma P	Columbia
WEBSTER JR, MD, Marshall W	Allegheny
WECHSLER, MD, Harry L	Allegheny
WECHSLER, MD, Lawrence R	Allegheny
WECHSLER, MD, Richard J	Philadelphia
WECHSLER, MD, Richard L	Allegheny
WECHSLER, MD, Sylvia M	Allegheny
WECHT, MD, Cyril H	Allegheny
WEDDINGTON, MD, Wayne P	Philadelphia
WEDEEN, MD, Robert S	Chester
WEDEMEYER, MD, Anne L	Allegheny
WEDEMEYER, MD, Phillips P	Allegheny
WEE, MD, Choong Y	Northumberland
WEE, MD, Eng C	Mercer
WEED, MD, Allen S	Montgomery
WEHBE, MD, Marwan A	Philadelphia
WEI, MD, Lawrence C	Potter
WEIBEL, MD, David C	Union
WEIBEL, MD, Robert E	Delaware
WEIDA, MD, Thomas J	Lancaster
WEIDAW, MD, Harold R	Carbon
WEIDNER, MD, William A	Dauphin
WEIGEL, MD, A Linn	Allegheny
WEIGEL, MD, Jesse A	Dauphin
WEIGEL, MD, Joseph H	Beaver
WEIGEL JR, MD, John E	Allegheny
WEIGHTMAN, MD, Joseph	Union
WEIGLER, MD, Richard R	Allegheny
WEIKERS, MD, Norbert J	Allegheny
WEIMER, MD, Gregory R	Centre
WEIN, MD, Alan J	Philadelphia
WEIN, MD, Thomas P	Allegheny
WEINBAUM, MD, David L	Allegheny
WEINBERG, MD, Carroll A	Delaware
WEINBERG, MD, Ethel	Philadelphia
WEINBERG, MD, J David	Lancaster
WEINBERG, MD, Jerry C	Philadelphia
WEINBERG, MD, Joel H	Allegheny
WEINBERG, MD, Laurence M	Chester
WEINBERG, MD, Lee M	Allegheny
WEINBERG, MD, Richard A	Delaware
WEINBERG, MD, Richard L	Allegheny
WEINBERG, MD, Saul A	Philadelphia
WEINBERGER, MD, Emanuel M	Philadelphia
WEINBERGER, MD, Irving G	Allegheny
WEINBERGER, DO, Richard L	Lackawanna
WEINBLATT, MD, Howard A	Philadelphia
WEINER, MD, Frank	Indiana
WEINER, MD, Gerald H	Lawrence
WEINER, MD, Harold M	Montgomery
WEINER, MD, Herman L	Philadelphia
WEINER, MD, Jack	Philadelphia
WEINER, MD, Jeffery R	Montgomery
WEINER, MD, Leon J	Philadelphia
WEINER, MD, Roger D	Delaware
WEINGARTEN, MD, Michael S	Philadelphia
WEINSTEIN, DO, Allen J	Lehigh
WEINSTEIN, MD, Barbara J	Allegheny
WEINSTEIN, MD, Cynthia Altman	Philadelphia
WEINSTEIN, MD, David P	Westmoreland
WEINSTEIN, MD, Gary S	Allegheny
WEINSTEIN, MD, George L	Philadelphia
WEINSTEIN, MD, Jack L	Philadelphia
WEINSTEIN, MD, Lee	Dauphin
WEINSTEIN, MD, Maryann B	Greene
WEINSTEIN, MD, Robert S	Philadelphia
WEINSTEIN, MD, Saul F	Philadelphia
WEINSTOCK, MD, Andrew I	Lancaster
WEINSTOCK, MD, Jerome L	Montgomery
WEINSTOCK, MD, Perry J	Philadelphia
WEINSTOCK, MD, Robert M	Philadelphia
WEINTRAUB, ILENE D	Allegheny
WEINTRAUB, MD, William H	Philadelphia
WEIR, MD, Thomas F	Allegheny
WEIS, DO, John H	Bradford
WEIS, MD, Paul R	Lehigh
WEISBAND, MD, Benjamin J	Allegheny
WEISBERG, MD, Edward S	Allegheny
WEISBERG, MD, Jerome S	Berks
WEISBERG, MD, Paul B	Philadelphia
WEISBERG, MD, Robert A	Bucks
WEISEL, MD, Robert H	Carbon
WEISEL, MD, Thomas S	Philadelphia
WEISEL, MD, William M	Westmoreland
WEISEL JR, MD, William F	Bucks
WEISENFLUH, MARK G	Students
WEISER, MD, Madeleine C	Montgomery
WEISER, MD, Paul J	Bucks
WEISKOPF, MD, Jay R	Allegheny
WEISMAN, MD, Dale M	Northampton
WEISMAN, MD, Richard A	Allegheny
WEISMER, MD, Richard M	Lancaster
WEISS, MD, Alan R	Montgomery
WEISS, MD, Albert A	Philadelphia
WEISS, MD, Burton	Philadelphia
WEISS, MD, Carl B	Monroe

WEISS, MD, Charles	Philadelphia
WEISS, MD, David L	Philadelphia
WEISS, MD, Edward D	Philadelphia
WEISS, MD, Elissa	Allegheny
WEISS, MD, George H	Montgomery
WEISS, MD, James	Allegheny
WEISS, MD, Jeffrey P	Lackawanna
WEISS, MD, Jordan B	Philadelphia
WEISS, MD, Larry D	Allegheny
WEISS, MD, Laurence B	Philadelphia
WEISS, MD, Malcolm S	Allegheny
WEISS, MICHAEL J	Students
WEISS, MD, Michael W	Allegheny
WEISS, MD, Robert	Philadelphia
WEISS, MD, Robert F	Allegheny
WEISS, MD, Robert J	Warren
WEISS, MD, Sidney	Philadelphia
WEISS, MD, Stephen M	Philadelphia
WEISS, MD, William	Philadelphia
WEISSER, MD, C William	Allegheny
WEISSMAN, MD, Jerry	Butler
WEISSMAN, MD, Joel M	Philadelphia
WEISSMAN, MD, Marcus I	Philadelphia
WEITEKAMP, MD, Michael R	Dauphin
WEITZ, MD, John T	Luzerne
WEITZEL, MD, William K	Allegheny
WELCH, MD, John B	Montour
WELDON, MD, John F	Washington
WELLENBACH, MD, Burton L	Philadelphia
WELLER, MD, Carl A	Northumberland
WELLER, MD, Russell W	Chester
WELLES, MD, Richard V	Erie
WELLMAN, MD, Richard H	Butler
WELLS, MD, E Buist	Erie
WELSH, MD, James F	Berks
WELSH, MD, John J	Montgomery
WELSH, MD, Judith B	Delaware
WELSH, MD, Louis W	Montgomery
WELSH, MD, Michael G	Philadelphia
WELTY, MD, John W	Philadelphia
WELTY, MD, Katherine K	Westmoreland
WEMPLE, MD, Jan B	Northampton
WENDELL, MD, Gary D	Philadelphia
WENDELL JR, MD, James I	Montgomery
WENDER, MD, Richard C	Philadelphia
WENDLING, MD, Woodrow W	Philadelphia
WENDT, MD, Randall J	Crawford
WENG, MD, Sam S	Northampton
WENGER, MD, Allen S	Dauphin
WENGER, MD, Jay A	Bucks
WENGER, MD, Marlin E	Lancaster
WENGER, MD, Norman E	Lackawanna
WENGER, MD, Sidney U	Philadelphia
WENGERT JR, MD, Paul A	Dauphin
WENGROVITZ, MD, Paul H	Centre
WENIGER, MD, Frederick C	Allegheny
WENIGER, MD, Frederick L	Allegheny
WENNER, MD, Robert B	Luzerne
WENNERSTEN, MD, Jack R	Montgomery
WENTZ, MD, Henry S	Lancaster
WENTZ JR, MD, Walter E	Delaware
WENTZEL, MD, H Earl	Philadelphia
WENTZLER, MD, J Donald	Union
WERLEY, MD, Charles W	Northampton
WERLEY, MD, John D	Northampton
WERNER, MD, A William	Erie
WERNER, MD, David B	Centre
WERNER, MD, Donald J	Lackawanna
WERNER, MD, Elliot B	Philadelphia
WERNER, ROBERT S	Students
WERNER JR, MD, Joseph H	Bucks
WERRIN, MD, Ronald J	Chester
WERT, MD, Roy E	Bradford
WERTHAN, MD, Merylee E	Philadelphia
WERTHEIM, DAVID L	Students
WERTHEIMER, MD, John H	Philadelphia
WERTHEIMER, MD, Marc J	Delaware
WERTHER, MD, Norman M	Montgomery
WERTIME, MD, Clara G	Dauphin
WERTMAN, DO, Gary V	Huntingdon
WERTZ, MD, Robert E	Blair
WERTZ, MD, Robert R	Cambria
WESCHLER, MD, Barbara	Allegheny
WESLER, MD, Lee S	Philadelphia
WESSEL, MD, Isadore J	Philadelphia
WEST, MD, Edward	Centre
WEST, MD, John C	Montour
WEST, MD, Robert B	Mifflin/Juniata
WEST, MD, William B	Huntingdon
WEST, MD, William J	Cumberland
WEST JR, MD, Clifton F	Montgomery
WEST JR, WILLIAM J	Students
WESTCOTT, MD, Richard J	Berks
WESTENDORP, MD, Andre C	Berks
WESTGATE, MD, Randy R	Lancaster
WESTON, MD, David M	Lancaster
WESTON, MD, Jon-Marc	Philadelphia
WESTON, MD, Kenneth R	Lehigh
WESTON, MD, S David	Luzerne
WESTON, MD, Wayne L	Philadelphia
WETMORE, MD, Ralph F	Philadelphia
WETMORE, MD, Stanley M	Dauphin
WETSCHLER, MD, Stanley S	Allegheny
WETSTONE, MD, Jeffrey B	Lycoming
WETTLAUFER, MD, Marilyn R	Philadelphia
WETZEL, MD, Marie A	Blair
WEXLER, MD, Harry	Philadelphia
WEXLIN, MD, Donald J	Montgomery
WEYLAND, MD, Charletta K	Lebanon
WEYN, DAVID C	Students
WHALEN, MD, Edward C	Montgomery
WHALEN, MD, John J	Montgomery
WHALEN, MD, Thomas B	Allegheny
WHALEN, MD, Thomas J	Washington
WHALEY, DO, Lewis A	Allegheny
WHAREN JR, MD, Robert E	Allegheny
WHARTON, MD, Stanley W	Erie
WHEATLY, MD, William K	Lancaster
WHEELER, MD, Glen N	Lebanon
WHEELER, MD, Leigh D	Centre
WHEELING, MD, George H	Cambria
WHELAN, MD, Stephen T	Delaware
WHETZEL, MD, Thomas P	Allegheny
WHILDIN, MD, James G	Northampton
WHIPPLE, MD, Dorothy S	Philadelphia
WHITAKER, MD, H Craig	Delaware
WHITAKER, MD, J Michael	Bucks
WHITAKER, MD, Linton A	Philadelphia
WHITAKER, MD, Paul J	Northampton
WHITCOMB, MD, Clarence A	Philadelphia
WHITCOMB, MD, Luther M	Cumberland
WHITE, MD, Albert E	Bucks
WHITE, MD, Daryl E	Franklin
WHITE, MD, David A	Washington
WHITE, MD, David M	Philadelphia
WHITE, MD, Deborah A	Philadelphia
WHITE, MD, George S	Centre
WHITE, MD, Jack C	Chester
WHITE, MD, John V	Montgomery
WHITE, MD, Joseph G	Chester
WHITE, MD, Richard F	Bucks
WHITE, MD, Richard K	Lehigh
WHITE, MD, Robert A	Delaware
WHITE, MD, Robert E	Mckean
WHITE, MD, Robert P	Northampton
WHITE, MD, Warren F	Cambria
WHITE, MD, Wesley R	Lackawanna
WHITE, MD, William L	Allegheny
WHITE EXEC, SEC, Ms Anne L	Fayette
WHITE JR, MD, Robert H	Lancaster
WHITELEY, MD, John P	York
WHITENACK, MD, Stephen H	Philadelphia
WHITESIDE, MD, Virginia E	Allegheny
WHITING, MD, R Keith	Lebanon
WHITMAN, MD, Mark A	Bucks
WHITMAN, MD, Randal L	Philadelphia
WHITMAN, MD, Robert S	Allegheny
WHITMORE, MD, John T	Bedford
WHITMORE, MD, Mason	Delaware
WHITSON, MD, David W	Lehigh
WHITTAKER, MD, Richard P	Montgomery
WHITTEN, MD, Warren L	Indiana
WHOLEY, MD, Mark H	Allegheny
WIBLE, MD, Claire E	York
WIBLE, MD, Leroy C	Allegheny
WIBULOUTAI, MD, Boonterm	Beaver
WICHMAN, MD, Beth A	Clearfield
WICK, MD, John L	Butler
WICKERHAM JR, MD, Earl P	Allegheny
WICKEY, MD, Gregory S	Dauphin
WICKRAMASINGHE, MD, Eardly K	Erie
WICKS, MD, William A	Luzerne
WIDDOWSON, MD, Harold R	Delaware
WIDELITZ, MD, Martin M	Philadelphia
WIDER, MD, Saul	Philadelphia
WIDGE, MD, Toeruna S	Lehigh
WIDGER, MD, John E	Columbia
WIDLAN, MD, Sheldon	Westmoreland
WIDLITZ, MD, Michael D	Bucks
WIDOME, MD, Mark D	Dauphin
WIECK, MD, Edwin E	Philadelphia
WIECKS, MD, Michael J	Dauphin
WIEDER JR, MD, Henry S	Philadelphia
WIEMANN, MD, George F	Philadelphia
WIENER, MD, David H	Montgomery
WIENER, MD, Eugene S	Allegheny
WIENER, MD, Jacob Samuel	Philadelphia
WIENER, MD, Stephen G	Berks
WIESENFELD, MD, Nathaniel H	Luzerne
WIESNER, MD, Irving S	Delaware
WIEST, MD, Hiram L	Dauphin
WIEST, MD, Philip R	Berks
WIGERT, MD, Walter S	Tioga
WIGHT, MD, Susan C	Philadelphia
WIGLE, MD, Arnold R	Westmoreland
WIKLER, MD, Joan G	Bucks
WIKLER, MD, Louis A	Philadelphia
WIKLER, MD, Matthew A	Montgomery
WIKOFF, MD, Edward K	Berks
WILBERGER JR, MD, James E	Allegheny
WILCOX, MD, Andrea L	Dauphin
WILCOX, MD, Simmon L	Beaver
WILCOX, MD, Wilfred W	Lycoming
WILCOX JR, MD, Winthrop P	Lancaster
WILD JR, MD, Robert M	Centre
WILDBLOOD, MD, Harry M	York
WILDENHAIN, PHILIP M	Allegheny
WILDER, MD, Bruce L	Allegheny
WILDER, MD, David W	Cambria
WILDERMAN, MD, Barry S	Bucks
WILDRICK, MD, Kenneth H	Northampton
WILEY, MD, Bert C	Blair
WILEY, DO, David E	Lancaster
WILEY, MD, Susan D	Lehigh
WILF, MD, Harold	Philadelphia
WILFONG, MD, Donald J	Allegheny
WILHELM, MD, William C	Erie
WILKENING, MD, Robin M	Mifflin/Juniata
WILKERSON, MD, Joseph L	Delaware
WILKINS, MD, Byron D	Lehigh
WILKINSON, MD, David M	Montour
WILKINSON, MD, Harold A	Delaware
WILKINSON, MD, John H	Allegheny
WILKINSON, MD, Roselise H	Delaware
WILKINSON, MD, William H	Delaware
WILKOS, MD, Francis J	Erie
WILLENS, MD, John S	Chester
WILLET, MD, Andrew Allen	Greene
WILLIAMS, MD, A Claude	Lycoming
WILLIAMS, MD, Barbara J	Montgomery
WILLIAMS, MD, Burton L	Delaware
WILLIAMS, MD, Claude M	Delaware
WILLIAMS, MD, David O	Lehigh
WILLIAMS, MD, F Marian	Philadelphia
WILLIAMS, MD, Glenn L	Philadelphia
WILLIAMS, MD, Henry N	Lancaster
WILLIAMS, MD, Herman J	Berks
WILLIAMS, MD, John J	Berks
WILLIAMS, MD, John T	Philadelphia
WILLIAMS, MD, Karl E	Allegheny
WILLIAMS, MD, Kenneth A	Allegheny
WILLIAMS, MD, Kirkley R	Philadelphia
WILLIAMS, DO, Mark S	Westmoreland
WILLIAMS, MD, Melvin C	Indiana
WILLIAMS, MD, Norman S	Westmoreland
WILLIAMS, MD, R Hallock	Montgomery
WILLIAMS, MD, Richard A	Erie
WILLIAMS, MD, Richard G	Allegheny
WILLIAMS, MD, Robert H	Lycoming
WILLIAMS, MD, Scott L	Allegheny
WILLIAMS, MD, Stephen K	Montgomery
WILLIAMS, MD, Susan L	Delaware
WILLIAMS, MD, Victor A	Allegheny
WILLIAMS, MD, Virginia M	Dauphin
WILLIAMS III, MD, Irving	Union
WILLIAMS JR, MD, Gomer T	Bucks
WILLIAMS JR, MD, Philip D	Allegheny
WILLIAMS JR, MD, Thomas L	Northampton
WILLIAMSON, MD, Edward L	Westmoreland
WILLIAMSON, MD, Mark E	Allegheny
WILLIAMSON, MD, Neihl J	Lycoming
WILLIG, MD, Doris	Philadelphia
WILLIHNGANZ, MD, Walter D	Montgomery
WILLIS, MD, Bernard J	Lackawanna
WILLIS, MD, Johnnie S	Northampton
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Family physician—part time, to relieve busy practitioner on weekends and for vacations. Southwestern Pennsylvania. Send curriculum vitae to Box 166, PENNSYLVANIA MEDICINE, 20 Erford Road, Lemoyne, PA 17043.

Family physician wanted—BC/BE family practitioner to join established 1½ physician group in Lancaster County. Enjoy the challenges of a rural practice yet access to 2 major hospitals in Lancaster city within 20 minutes. Salary negotiable. Please send curriculum vitae and letters of recommendation to William D.L. Hunt, MD, P.O. Box 73, Quarryville, PA 17566.

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Northwest Pennsylvania—immediate directorship available at moderate volume hospital in summer and winter resort area. Attractive compensation with malpractice insurance provided. Please submit resume to Emergency Consultants, Inc., 2240 South Airport Road, Room 27, Traverse City, MI 49684; or call 1-800-253-1795 or in Michigan 1-800-632-3496.

Family practitioner wanted to join multispecialty group. Share obstetrics calls with two other physicians. Financial arrangements negotiable. Respond to Box 176, PENNSYLVANIA MEDICINE, 20 Erford Road, Lemoyne, PA 17043 or phone (717) 265-7484.

Bariatrics — opportunity for personable physician, BC/BE family practice, seeking career in clinical management of obesity. Excellent salary, malpractice, four weeks vacation, leading to partnership and eventual ownership for right person. Beautiful office building, suburban Philadelphia. Reply to Box 175, PENNSYLVANIA MEDICINE, 20 Erford Road, Lemoyne, PA 17043.

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For more information about these opportunities, contact Dr. Gerald S. Browdie, Director of Recruitment, Westmoreland Hospital, West Pittsburgh Street, Greensburg, PA 15601; 412-832-4037.

Pennsylvania. Reply to Box 172, PENNSYLVANIA MEDICINE, 20 Erford Road, Lemoyne, PA 10743.

General surgeon, Board eligible or certified to join surgeon in private practice. Experience in traumatology and peripheral vascular surgery desirable. Southcentral Pennsylvania. Reply to Box 174, PENNSYLVANIA MEDICINE, 20 Erford Road, Lemoyne, PA 17043.

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Opportunity for family practitioner in a solo practice. Must be Board certified or eligible. Size of community: 10,000 - 30,000. Size of trade area: 30,000 - 100,000. Fee for service—minimum guarantee. Respond to PMS Physician Placement Service, Department NON-1286-FP57, 20 Erford Road, Lemoyne, PA 17043.

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Opportunity for family practitioner — Board certified in family practice. Part-time position in office. Size of community and trade area: 30,000 - 100,000. Salary plus percentage. Reply to PMS Physician Placement Service, Department NOM-0287-FP139, 20 Erford Road, Lemoyne, PA 17043.

Opportunity for family practitioner/ emergency medicine physician in a free standing urgent care center. Requires Board certification in family practice/emergency medicine. Size of community and trade area: 100,000 and greater. Salary. Respond to PMS Physician Placement Service, Department CON-1286-FP92, 20 Erford Road, Lemoyne, PA 17043.

Opportunity for emergency medicine physician with Board certification in emergency medicine/family practice. Type of practice available: partnership. Size of community: 10,000 - 30,000. Size of trade area: 100,000 and greater. Salary. Reply to PMS Physician Placement Service, Department NOM-1286-EM22, 20 Erford Road, Lemoyne, PA 17043.

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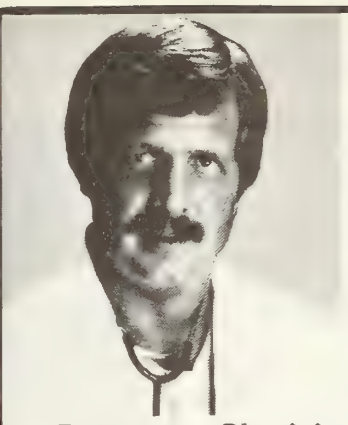

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CONTRAINDICATIONS: Hypersensitivity to trimethoprim or sulfonamides; documented megaloblastic anemia due to folate deficiency; pregnancy at term and during the nursing period; infants less than two months of age.

WARNINGS: FATALITIES ASSOCIATED WITH THE ADMINISTRATION OF SULFONAMIDES, ALTHOUGH RARE, HAVE OCCURRED DUE TO SEVERE REACTIONS, INCLUDING STEVENS-JOHNSON SYNDROME, TOXIC EPIDERMAL NECROLYSIS, FULMINANT HEPATIC NECROSIS, AGRANULOCYTOSIS, APLASTIC ANEMIA AND OTHER BLOOD DYSCRASIAS.

BACTRIM SHOULD BE DISCONTINUED AT THE FIRST APPEARANCE OF SKIN RASH OR ANY SIGN OF ADVERSE REACTION. Clinical signs, such as rash, sore throat, fever, pallor, purpura or jaundice, may be early indications of serious reactions. In rare instances a skin rash may be followed by more severe reactions, such as Stevens-Johnson syndrome, toxic epidermal necrolysis, hepatic necrosis or serious blood disorder. Perform complete blood counts frequently.

BACTRIM SHOULD NOT BE USED IN THE TREATMENT OF STREPTOCOCCAL PHARYNGITIS. Clinical studies show that patients with group A β-hemolytic streptococcal tonsillopharyngitis have a greater incidence of bacteriologic failure when treated with Bactrim than with penicillin.

PRECAUTIONS:

General: Give with caution to patients with impaired renal or hepatic function, possible folate deficiency and severe allergy or bronchial asthma. In glucose-6-phosphate dehydrogenase-deficient individuals, hemolysis may occur, frequently dose-related.

Information for Patients: Instruct patients to maintain adequate fluid intake to prevent crystalluria and stone formation.

Laboratory Tests: Perform complete blood counts frequently; if a significant reduction in the count of any formed blood element is noted, discontinue Bactrim. Perform urinalyses with careful microscopic examination and renal function tests during therapy, particularly for patients with impaired renal function.

Drug Interactions: In elderly patients concurrently receiving certain diuretics, primarily thiazides, an increased incidence of thrombocytopenia with purpura has been reported. Bactrim may prolong the prothrombin time in patients who are receiving the anticoagulant warfarin. Keep this in mind when Bactrim is given to patients already on anticoagulant therapy and reassess coagulation time. Bactrim may inhibit the hepatic metabolism of phenytoin. Given at a common clinical dosage, it increased the phenytoin half-life by 39% and decreased the phenytoin metabolic clearance rate by 27%. When giving these drugs concurrently, be alert for possible excessive phenytoin effect. Sulfonamides can displace methotrexate from plasma protein binding sites, thus increasing free methotrexate concentrations.

Drug/Laboratory Test Interactions: Bactrim, specifically the trimethoprim component, can interfere with a serum methotrexate assay as determined by the competitive binding protein technique (CBPA) when a bacterial dihydrofolate reductase is used as the binding protein. No interference occurs if methotrexate is measured by a radioimmunoassay (RIA). The presence of trimethoprim and sulfamethoxazole may also interfere with the Jaffé alkaline picrate reaction assay for creatinine, resulting in overestimations of about 10% in the range of normal values.

Carcinogenesis, Mutagenesis, Impairment of Fertility: Carcinogenesis: Long-term studies in animals to evaluate carcinogenic potential not conducted with Bactrim. *Mutagenesis:* Bacterial mutagenic studies not performed with sulfamethoxazole and trimethoprim in combination. Trimethoprim demonstrated to be nonmutagenic in the Ames assay. No chromosomal damage observed in human leukocytes *in vitro* with sulfamethoxazole and trimethoprim alone or in combination; concentrations used exceeded blood levels of these compounds following therapy with Bactrim. Observations of leukocytes obtained from patients treated with Bactrim revealed no chromosomal abnormalities. *Impairment of Fertility:* No adverse effects on fertility or general reproductive performance observed in rats given oral dosages as high as 70 mg/kg/day trimethoprim plus 350 mg/kg/day sulfamethoxazole.

Pregnancy: Teratogenic Effects: Pregnancy Category C. Trimethoprim and sulfamethoxazole may interfere with folic acid metabolism; use during pregnancy only if potential benefit justifies potential risk to fetus. Nonteratogenic Effects: See CONTRAINDICATIONS section.

Nursing Mothers: See CONTRAINDICATIONS section

Pediatric Use: Not recommended for infants under two months (see INDICATIONS and CONTRAINDICATIONS sections).

ADVERSE REACTIONS: Most common are gastrointestinal disturbances (nausea, vomiting, anorexia) and allergic skin reactions (such as rash and urticaria). **FATALITIES ASSOCIATED WITH THE ADMINISTRATION OF SULFONAMIDES, ALTHOUGH RARE, HAVE OCCURRED DUE TO SEVERE REACTIONS, INCLUDING STEVENS-JOHNSON SYNDROME, TOXIC EPIDERMAL NECROLYSIS, FULMINANT HEPATIC NECROSIS, AGRANULOCYTOSIS, APLASTIC ANEMIA AND OTHER BLOOD DYSCRASIAS (SEE WARNINGS SECTION).** *Hematologic:* Agranulocytosis, aplastic anemia, thrombocytopenia, leukopenia, neutropenia, hemolytic anemia, megaloblastic anemia, hypoprothrombinemia, methemoglobinemia, eosinophilia. *Allergic Reactions:* Stevens-Johnson syndrome, toxic epidermal necrolysis, anaphylaxis, allergic myocarditis, erythema multiforme, exfoliative dermatitis, angioedema, drug fever, chills, Henoch-Schoenlein purpura, serum sickness-like syndrome, generalized allergic reactions, generalized skin eruptions, photosensitivity, conjunctival and scleral injection, pruritus, urticaria and rash. Periarteritis nodosa and systemic lupus erythematosus have been reported. *Gastrointestinal:* Hepatitis (including cholestatic jaundice and hepatic necrosis), elevation of serum transaminase and bilirubin, pseudomembranous enterocolitis, pancreatitis, stomatitis, glossitis, nausea, emesis, abdominal pain, diarrhea, anorexia. *Genitourinary:* Renal failure, interstitial nephritis, BUN and serum creatinine elevation, toxic nephrosis with oliguria and anuria, crystalluria. *Neurologic:* Aseptic meningitis, convulsions, peripheral neuritis, ataxia, vertigo, tinnitus, headache. *Psychiatric:* Hallucinations, depression, apathy, nervousness. *Endocrine:* Sulfonamides bear certain chemical similarities to some goitrogens, diuretics (acetazolamide and the thiazides) and oral hypoglycemic agents; cross-sensitivity may exist. Diuresis and hypoglycemia have occurred rarely in patients receiving sulfonamides. *Musculoskeletal:* Arthralgia, myalgia. *Miscellaneous:* Weakness, fatigue, insomnia.

DOSAGE AND ADMINISTRATION: Not recommended for use in infants less than two months of age.

URINARY TRACT INFECTIONS AND SHIGELLOSIS IN ADULTS AND CHILDREN, AND ACUTE OTITIS MEDIA IN CHILDREN: *Usual adult dosage* for urinary tract infections is one DS tablet, two tablets or four teaspoonfuls (20 ml) *b.i.d.* for 10 to 14 days. Use identical daily dosage for 5 days for shigellosis. *Recommended dosage for children* with urinary tract infections or acute otitis media is 8 mg/kg trimethoprim and 40 mg/kg sulfamethoxazole per 24 hours, in two divided doses every 12 hours for 10 days. Use identical daily dosage for 5 days for shigellosis. *Renal Impaired:* Creatinine clearance above 30 ml/min, give usual dosage; 15-30 ml/min, give one-half the usual regimen; below 15 ml/min, use not recommended.

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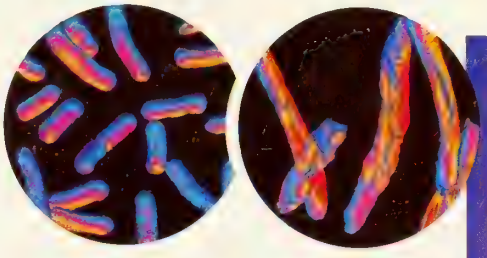

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Pennsylvania Medicine

MEDICAL JOURNALISM SPECIAL PRIZE 1986

Volume 89, No. 9 SEPTEMBER 1986

Also in this issue:
Medigram - page 4
Book Review - page 36

"A Mile and a Half of Ink"

Excerpts from the journal of Richard Selzer, M.D.

3

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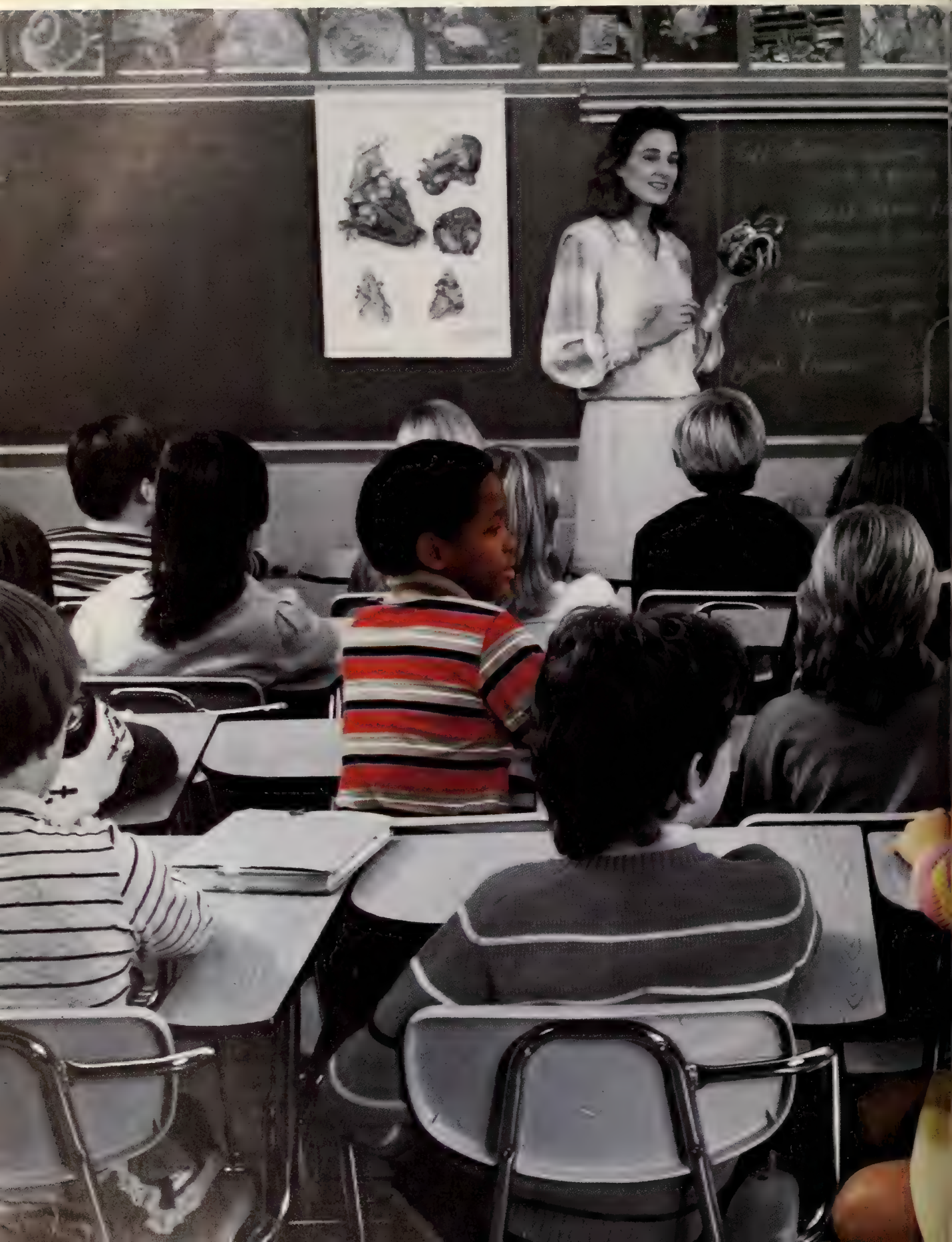

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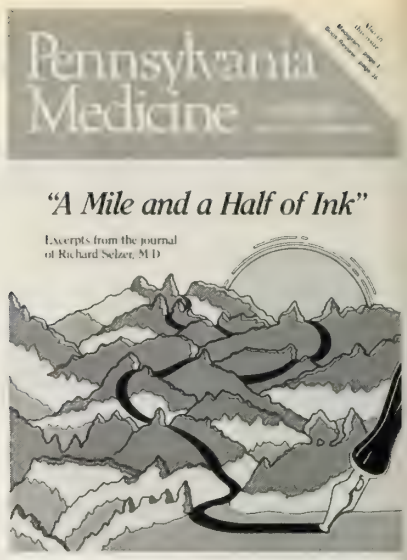

contents

September 1986
Volume 89, Number 9

COVER
26 A mile and a half of ink—Richard Selzer—*excerpts from the diary of Richard Selzer*

NEWSFRONTS
4 Medigram—*late news at press time*
8 Physicians lobby for tort reform September 16—*scheduled at regional sites*
10 Eye care project has toll-free line—*program benefits elderly*
12 Methaqualone has new classification—*moved to Schedule I*
14 Gonorrhea number one in state—*tenth consecutive year*
18 Oncologic society launches campaign for members—*multidisciplinary approach emphasized*
20 PMS chosen for AIDS pilot project—*goal is public education*

EDITORIAL
6 Taking another look at unionization—David A. Smith—*an inappropriate response to changes*

SPECIAL FEATURES
36 Solemnity, humor, and spirituality—Benjamin Ivry—*review of Richard Selzer's latest book, "Taking the World in for Repairs"*
46 The Medical Practice Act of 1985—John H. Moyer—*Part IV of series*

CAPITAL COMMENTARY
30 The politics of health care cost legislation—Robert H. Craig Jr., Jerry L. Rothenberger, Larry L. Light—*a bill becomes law*

MEDICAL FEATURE
64 Hyperthermia in cancer treatment—George A. Alexander, David J. Moylan—*clinical report*

DEPARTMENTS
22 Advertisers' index
60 Physicians in the news
62 Obituaries
66 New members
70 Classified advertising

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PMS HOUSE OF DELEGATES MEETS OCTOBER 17-19

The Pittsburgh Hilton Hotel will host the 1986 meeting of the PMS House of Delegates, scheduled to open at 10 a.m., Friday, October 17, and adjourn at the close of business on Sunday, October 19. The Board of Trustees will meet in Pittsburgh on October 16. Following the opening session of the House, reference committee hearings, at which all issues will be discussed in sessions open to all Society members, will be held on Friday afternoon. R. Robert Tyson, MD, Philadelphia, will be installed as president at 6 p.m. on October 18. Resolutions submitted before September 17 automatically become the business of the House. Resolutions submitted subsequently require a special vote of the House to be accepted for consideration. All resolutions should be submitted to the Office of the Secretary at PMS headquarters. An explanation of the reason for delay should accompany all resolutions submitted after September 17. Any Society member may initiate or write a resolution, but only delegates may introduce resolutions for consideration by the House of Delegates.

INSURANCE SERVICES OFFICE FILES FOR 140% INCREASE

The Insurance Services Office (ISO), a national data gathering and rate setting organization for the insurance industry, has filed for an increase for medical professional liability insurance rates in Pennsylvania. The filing, published in the **Pennsylvania Bulletin** June 28, requests a 127.3 percent increase in $100,000/300,000 rates, plus a revision in increased limit factors above those limits, an overall plus 140 percent increase. This is the eighth filing since December 1985 for increases in premiums for medical professional liability insurance. Previous filings have been from Pennsylvania Hospital Insurance Co., St. Paul, Joint Underwriting Association, Physicians Professional Insurance Exchange, Medical Protective, Professional Mutual Insurance, and the Pennsylvania Medical Society Liability Insurance Company.

MEDICAL STAFF SECTION SPONSORS TWO SEMINARS

The Hospital Medical Staff Section (HMSS) of the PMS House of Delegates has scheduled two seminars of interest to physicians on the day before the fifth assembly of the Hospital Medical Staff Section. On the morning of October 15, Hugh P. Greeley, Salem, Wisconsin, will lead a seminar entitled, "Medical Staff Bylaws/Credentialing." The afternoon seminar, "Exclusive Contracts," will feature James B. Weiland, Esq., of Baltimore, Maryland. The HMSS fifth assembly on Thursday, October 16 and the seminars on October 15 will be held at the Pittsburgh Hilton, site of the PMS annual meeting, October 17-19.

STATE RANKS SEVENTH IN TOTAL AIDS CASES

Pennsylvania had 511 reported cases of Acquired Immunodeficiency Syndrome (AIDS) from 1981 through July 7, 1986. The report from the U.S. Centers for Disease Control ranks Pennsylvania seventh in the nation in number of cases for that time period. Of the 511 patients, 269 have died (52.6%). Homosexual and bisexual males account for 82.3% of the cases and intravenous drug users account for 8%. Other cases were attributed to blood transfusions and other causes.

SUPREME COURT VOIDS BABY DOE REGULATIONS

The Supreme Court has ruled that the federal government should not be involved in the medical treatment of severely handicapped newborn children. The Court declared invalid federal regulations mandating medical treatment in response to appeals from the American Medical Association and other physicians' groups. Under the contested regulations, physicians and hospitals could not deny medical treatment to severely handicapped newborns, and the states were required to investigate complaints of nontreatment. The AMA opposed the rules, saying that the care of an infant is the responsibility of the parents and the attending physicians. The court said the federal government overstepped its bounds and that no regulations were needed at the federal level. The decision did not affect existing state laws on the treatment of handicapped newborns, but there are no such laws or regulations in Pennsylvania.

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editorial

Taking another look at unionization

'Physicians vary greatly in their loyalty to their institutions, but such institutions do deserve to be supported, for it is within them that medical leadership can exert influences that are beneficial not only for the profession but also for the society of which physicians are but a part.'

From the Shattuck Lecture—Lister—Presented before the Annual Meeting of the Massachusetts Medical Society on May 10, 1986. Published in New England Journal of Medicine 1986, Vol. 315, pages 168-174.

With the current upheaval in the health care environment today, some of us are beginning to take a more serious look at joining a physicians' union. While some physicians already support this growing movement, most of us remain unconvinced that a physicians' union will serve as an appropriate response to the changes occurring in medical practice.

The trade union movement in the United States originally developed as a response to the overwhelmingly oppressive work environment that accompanied the industrial revolution. The industrial revolution created two new social classes—the capitalists and the laborers. Eventually, this class system lead to the need for a collective "voice" to represent workers. Men and women alike fought for fairness and reasonable treatment for workers. The laborers were often uneducated immigrants with no English language skills, unable as individuals to speak on behalf of their own interests in the work place. Trade unions made sense for them.

Fortunately, as physicians we do not face these same intolerable working conditions that our forefathers faced. However, we are now confronted by some very drastic, almost revolutionary, changes in the way we practice our profession.

The impetus to form a physicians' union is arising from a multitude of systemic pressures. With fewer patients and more doctors in practice to serve those patients, competition has become a significant factor in the medical marketplace. At the same time, doctors face an unprecedented number of malpractice suits and soaring liability insurance premiums, reaching alarming levels. No physician with any business sense, seeing a rise in the cost of doing business and declining revenues, can afford to ignore the situation and make no effort to preserve his interests. But despite the harsh realities of rapid change, we must avoid jumping to unwise conclusions. Unions should be a last resort, not a primary consideration.

As changes occur, we must study, review, and ultimately respond to evolutionary change in a fashion that represents the best interest of the patients. We should not make quick judgments for the sake of preserving the status quo. The way to maintain control of our professional lives is by embracing innovative approaches in response to the changes that are taking place. This requires directing our energies through existing state and national societies rather than creating new organizations to satisfy the insecurity resulting from current changes in medical practice.

We must join and actively participate in our professional societies so that all physicians may enjoy the fruits of the efforts of those professionals who are legitimately concerned with more than protecting their own selfish personal financial interests. By encouraging unionization we would diminish the status of the medical professional and threaten the doctor-patient trust and respect that is so essential to preserving the integrity of the practice of medicine.

A move toward a single issue organization can only further diminish our ability to encourage cost-effective procedures without sacrificing quality. While we cannot allow medical decisions to be made by insurance companies and government bureaucrats, we do not need physicians' interests represented by an anti-everything organization that may want to keep things "stirred up" merely to remain in existence.

A new consensus must be forged to deal with such issues as the rationing of medicare care, fee freezes, uncompensated care, physician glut, unnecessary malpractice suits, and the move to a regulatory environment that at present seems hostile. We need to work with our established representative groups to develop new initiatives to address these problems. Unification yes—Unions no.

David A. Smith, MD
Medical Editor

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Special Risk Patients: VICODIN should be used with caution in elderly or debilitated patients and those with severe impairment of hepatic or renal function, hypothyroidism, Addison's disease, prostatic hypertrophy or urethral stricture.
Information For Patients: VICODIN, like all narcotics, may impair the mental and/or physical abilities required for the performance of potentially hazardous tasks such as driving a car or operating machinery; patients should be cautioned accordingly.
Cough Reflex: Hydrocodone suppresses the cough reflex; caution should be exercised when VICODIN is used postoperatively and in patients with pulmonary disease
Drug Interactions: The CNS-depressant effects of VICODIN may be additive with that of other CNS depressants When combined therapy is contemplated, the dose of one or both agents should be reduced. The use of MAO inhibitors or tricyclic antidepressants with hydrocodone preparations may increase the effect of either the antidepressant or hydrocodone. The concurrent use of anticholinergics with hydrocodone may produce paralytic ileus.
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February, 1985

Physicians lobby for tort reform September 16

On September 16, at 4 p.m., physicians will meet with their legislators to discuss the liability crisis. The Pennsylvania Medical Society is coordinating regional mass meetings with legislators to show grass roots support for limiting tort law's scope.

Physicians and others who seek tort reform will have the chance to talk to legislators at nine sites across the state. Each site combines several senatorial districts, and all state legislators have been invited to attend the meeting closest to them. Sites are located in Allentown, Erie, Harrisburg, King of Prussia, Monroeville, Philadelphia, Pittsburgh, State College, and Wilkes-Barre.

The meetings have been structured to give physicians direct contact with their legislators. Attendees will hear a live update on the liability initiative by an audio line linking all nine sites. Following this update, physicians will meet informally with legislators.

For more information on the mass meetings, call the Society's Communications Department toll-free: 1-800-227-7322.

23 states pass tort reforms this year

At least 23 states have passed some type of tort reform this year, said a report in American Medical News.

The report, which uses figures from a survey by the National Conference of State Legislatures, said the "single most significant characteristic of this year's tort reform drive was the state legislatures' willingness to modify tort law for all civil actions generally—not just in the medical liability area." (AM News, July 25, 1986) Of the 23 states that passed tort reform measures, 18 states made their reforms apply to all civil actions.

At least 13 states have passed new laws capping non-economic or "intangible" damages, and of those, seven wrote the law to apply to all civil cases—not just medical malpractice claims, AM News reported. The caps apply to damages other than actual measurable loss to a plaintiff. Two states, Kansas and South Dakota, placed $1 million caps on general damages, including economic loss, the article said. While at least eight states had caps on medical liability suits before 1986, no states had caps for non-economic damages related to tort cases generally.

The report said that of the 23 states that passed some type of tort reform, 19 imposed new requirements on insurance companies. Most of the requirements add new provisions for stricter reporting of insurance company finances to the insurance commissioner, or place time restrictions on the companies' ability to cancel a policy.

In addition, legislatures in eight states eliminated or modified their laws on joint and several liability, according to AM News.

Pennsylvania physicians will urge their legislators to effect tort reform at the September 16 regional mass meetings sponsored by the Pennsylvania Medical Society.

Cancer book available

A comprehensive book on cancer is now available from the American Cancer Society. Over forty specialists have contributed to "The Cancer Book," which includes sections on current attitudes toward the disease, research, and therapy, as well as 20 chapters on specific cancers and their treatments.

The book is primarily for the public, and was designed to help dispel "the ignorance, fear, and adverse mythology that surround cancer and make it unusually formidable," a spokesman for the American Cancer Society said. "The Cancer Book" was edited by Arthur I. Holleb, MD, the cancer society's senior vice president for medical affairs.

Published by the Doubleday Company, the 650-page book sells for $12.95.

PaCEP elects officers

The Pennsylvania Chapter of the American College of Emergency Physicians elected new officers.

Serving for 1986-87 are: Jesse A. Weigel, MD, Harrisburg, president; David A. DeHart, MD, Pittsburgh, president elect; Joseph A. Zeccardi, MD, Philadelphia, vice president; Kenneth Schultz, MD, Harrisburg, secretary; and Stephen Ludwig, MD, Philadelphia, treasurer.

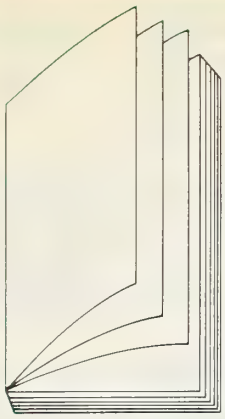
Roland T. Keddie, MD, Monroeville, is immediate past president of the organization.

Regional ACP meeting scheduled for October

Specialists in internal medicine and related fields will take part in a three-day scientific meeting at Thomas Jefferson University, Philadelphia, October 24-26. At the meeting—a regional gathering of the American College of Physicians—physicians from Pennsylvania and West Virginia will discuss developments in medicine and health care delivery.

Donald Kaye, MD, professor and chairman of the department of medicine at the Medical College of Pennsylvania is the ACP governor for Eastern Pennsylvania. Dr. Kaye, who will host this year's meeting, coordinates local ACP affairs and represents Eastern Pennsylvania's college members on the national level. Mark E. Thompson, MD, of the University of Pittsburgh School of Medicine and Warren Point, MD, of the West Virginia University School of Medicine, are ACP governors for Western Pennsylvania and West Virginia, respectively. Eli Abrutyn, MD, of Philadelphia's Veterans Administration Hospital, is working with Dr. Kaye as program chairman, while Edward McGehee, MD, of Thomas Jefferson University, is arrangements chairman.

At this year's Pennsylvania and West Virginia gathering, ACP president elect Lawrence Scherr, MD, the David J. Greene Professor and vice chairman of the department of medicine at Cornell University Medical College and director of the department of medicine at North Shore University Hospital in Manhasset, New York, will speak about national college activities.



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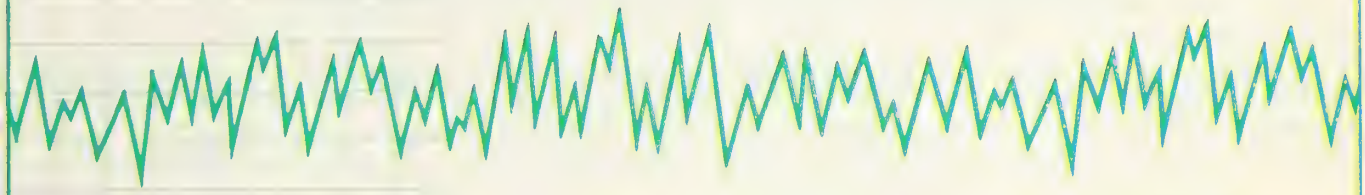

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Eye Care Project has toll-free line

In June, the Pennsylvania Eye Care Project, a program offering medical eye care to disadvantaged elderly people, installed a toll-free help line. Since then, over 5,000 of the state's senior citizens have called the toll free number, 1-800-222-EYES, to get information on eye diseases or to be referred to volunteer ophthalmologists for examinations.

The program, which is part of the National Eye Care Project sponsored by the American Academy of Ophthalmology, is being implemented in state by the Pennsylvania Academy of Ophthalmology and Otolaryngology. U.S. residents 65 and over who have medical eye problems, but who have not seen an ophthalmologist in three years, can apply for eye care by calling on the help line. Those who qualify are matched with participating ophthalmologists near their homes.

Patients are not charged for care. Those who do not have insurance receive free examinations. For those with Medicare or other medical coverage, participating ophthalmologists accept insurance coverage as payment in full.

So far in Pennsylvania over 4,300 senior citizens have been referred to volunteer ophthalmologists for examination and treatment. Of these, 52% are being treated for cataracts, 12% for macular degeneration, 4% for glaucoma, and 2% for diabetic retinopathy, project officials reported.

Thomas A. Farrell, MD, director of the general ophthalmology service clinic at Wills Eye Hospital, Philadelphia, is the chairman of the Pennsylvania Eye Care Project. "Pennsylvania's referral rate exceeds that of most other states participating in the project," Dr. Farrell said, adding that the high rate suggests the state has "a large number of disadvantaged elderly people whose needs for medical eye care have gone unserved."

"Participating ophthalmologists are not offering just a one-time service," said Edward A. Jaeger, MD, president of the Pennsylvania Academy of Ophthalmology and Otolaryngology, "These ophthalmologists have agreed to see patients who need sustained medical care for as long as necessary to treat the conditions diagnosed in the initial examination."

Approximately 7,000 ophthalmologists nationwide volunteered to participate in the project, which is funded by $3 million in contributions from physicians and private corporations. For more information about the program, contact Dr. Farrell, (215) 928-3258.

Source book on health data available

A new publication called "Guide to Health Data for Pennsylvania," is now available from the state Health Department's Health Data Center. It lists sources of information relating to the health status of Pennsylvania residents.

The guide also has a cross-reference for sources of information from the state, gives a comprehensive listing of pamphlets available from the Health Department, and lists national clearinghouses for health information.

For a copy of this publication, write to the Pennsylvania Department of Health, State Health Data Center, P.O. Box 90, Harrisburg, 17108, or call (717) 783-2548.

Dr. Prystowsky retires from Hershey

Harry Prystowsky, MD, has retired from his position as dean of the Pennsylvania State University College of Medicine, Hershey, and senior vice president for health affairs at Hershey Medical Center.

"I am certain the growth and development of the last 13 years will continue," Dr. Prystowsky said. "The medical center is well postured to move ahead in its missions of patient care, education, and research."

During Dr. Prystowsky's tenure, the physical plant was expanded with land acquisitions and major construction projects, the number of faculty members increased, and new educational programs were developed. Five endowed chairs and twelve endowed professorships were initiated during his tenure.

Prior to his appointment as dean and provost of the medical center in 1973, Dr. Prystowsky was chairman of the department of obstetrics and gynecology at the University of Florida, Gainesville. A native of Charleston, South Carolina, he received his medical degree from the Medical College of South Carolina. He served as an intern, resident, instructor, and assistant professor at Johns Hopkins University, and was a research fellow in physiology at Yale University.

John W. Burnside, MD, has been named acting senior vice president for health affairs and acting dean of the college of medicine. University President Bryce Jordan said a new dean will be selected from a panel of nominees.

Trust sponsors financial aid workshop

The Society's Educational and Scientific Trust recently held its annual workshop for medical school financial aid officers.

Alice M. Swift, deputy director of the Division of Student Assistance (U.S. Department of Health and Human Services) updated the officers on federal legislation and regulations affecting student loan programs. Representatives from the Pennsylvania Higher Education Assistance Agency (PHEAA) discussed the agency's loan programs and how to set up a computer link for direct access.

The presentation of endowments from the American Medical Association Educational Research Foundation (AMA-ERF) to the state's seven medical schools and one osteopathic college highlighted the Trust's workshop. Mrs. Frans J. Vossenberg, AMA-ERF chairman, gave checks totaling over $92,000 to the representatives of the medical schools.

During the 1986 school year, the PMS Trust granted a total of $448,750 in loans to Pennsylvanians attending medical schools. An additional $59,600 was granted to allied health students.

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Methaqualone has new classification

A prescription drug once widely touted as a safe sedative now has the same legal status in Pennsylvania as heroin, a state Health Department official said today. According to Jack B. Ogun, methaqualone—the active ingredient in Quaalude—has been placed in Schedule I, along with several other drugs.

"Schedule I drugs have a high potential for abuse, and no currently accepted medical uses in this country. This class of drugs includes heroin, marijuana, and LSD. Drugs on Schedules II through V all have accepted medical uses, but their potentials for abuse vary. Schedule II drugs have a high potential for abuse, and Schedule V drugs have the lowest potential for abuse," Ogun said.

"Methaqualone has been moved from Schedule II to Schedule I because it has failed to offer a therapeutic benefit that outweighs its potential for abuse. When it first appeared on the market, it seemed to have a lot of promise as a sedative and hypnotic, but that was before it was found to be addictive, with withdrawal symptoms that could be fatal. As a result, the manufacturer took it off the market, and the drug can no longer be legally manufactured, distributed, or sold in the United States," he said.

The following drugs also were placed on Schedule I: bromazepam, camazepam, clobazam, clotiazepam, delorazepam, estazolam, ethyl loflazepate, fludiazepam, flunitrazepam, haloxazolam, ketazolam, loprazolam, lormetazepam, medazepam, nimetazepam, nitrazepam, nordiazepam, oxazolam, pinazepam, and tetrazepam.

Ogun said they are all known as benzodiazepines, and are related to diazepam, better known by the brand name Valium.

"None of those drugs are manufactured in the United States, and currently none have accepted medical uses. In the event that any of them is placed on the market, it will be placed on a different schedule."

In the same action, controls were loosened on two drugs found to have less potential for abuse. Loperamide was removed from Schedule V and is no longer considered a controlled substance, and buprenorphine was moved from Schedule II to Schedule V. Both drugs are used to treat pain.

The changes were effective March 15, when the regulations were published in final form in the *Pennsylvania Bulletin*. They were approved by the Independent Regulatory Review Commission on September 20, 1985.

Dr. Goldberg new dean at Temple

Martin Goldberg, MD, has been named dean of Temple University School of Medicine. Dr. Goldberg, who will assume his duties at Temple this month, previously served as chairman of the department of internal medicine at the University of Cincinnati's Medical Center. He succeeds Sol Sherry, MD, the interim dean of medicine at Temple for the past two years.

An authority in the field of kidney disease, Dr. Goldberg was chief of the renal section at the Hospital of the University of Pennsylvania and professor of medicine at the University of Pennsylvania School of Medicine from 1967 to 1979. He has been at Cincinnati since 1979.

"Dr. Goldberg is a distinguished clinician, teacher, and scientist," said Temple's President Peter J. Liacouras who announced the appointment. "He is also a proven, effective administrator," Liacouras said.

Dr. Goldberg grew up in Philadelphia, and earned both his undergraduate and medical degrees at Temple. He completed an internship and residency at Philadelphia General Hospital and was a postdoctoral fellow at the University of Pennsylvania School of Medicine.

Board certified in internal medicine, Dr. Goldberg is a member of the American College of Physicians, the American Federation for Clinical Research, and the American Society of Nephrology. He was named the Merck Sharp & Dohme Visiting Professor of the Australasian Society of Nephrology in 1981, and he received the Distinguished Scientific Achievement Award of the Medical Alumni of Temple University in 1985.

The new Temple dean has written over 180 articles on kidney disease, electrolyte balance, and other areas of research in internal medicine. He is a member of the editorial boards of the *American Journal of Kidney Diseases*, and *Mineral and Electrolyte Metabolism*.

Dr. Clearfield named radiological president

Ronald J. Clearfield, MD, is the new president of the Pennsylvania Radiological Society.

Dr. Clearfield has served as chairman of the department of radiology at Citizens General Hospital in New Kensington since 1968. He earned his medical degree at Hahnemann University School of Medicine, and completed a residency at Thomas Jefferson University Hospital.

Certified by the American Board of Radiology, Dr. Clearfield is a fellow of the American College of Radiology. He has been a member of the Executive Committee of Westmoreland County Medical Society and has represented that organization as a delegate to the PMS House. He is also a member of the Radiological Society of North America and the Pennsylvania College of Nuclear Medicine.

The Vicious Circle.

You know—perhaps firsthand—how treating a borderline patient can resemble a vicious circle. The harder you try to help, the more adamant, or even abusive, your patient becomes, until both of you are left frustrated and exhausted.

But how do you break the vicious circle? Changing therapists will only begin the cycle all over again. And a brief hospital stay usually produces only temporary improvement.

At Sheppard Pratt, our experience has shown that specialized inpatient treatment, coupled with the opportunity for longer hospital stay, may be the only effective way to attack the vicious circle at its very beginning: to root out and resolve the deep-seated problems underlying the patient's longstanding difficulties.

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If you would like to know more about the Sheppard Pratt approach to the borderline patient and other patients with severe personality disorders, contact Dr. Barry Rudnick, Admissions Officer, (301) 823-8200. Sheppard and Enoch Pratt Hospital, P.O. Box 6815, Baltimore, MD 21204.

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Gonorrhea number one communicable disease

The director of the state's Sexually Transmissible Disease Section said gonorrhea remained the number one communicable disease in Pennsylvania in 1985 for the tenth consecutive year.

Ed Powers of the state Health Department said 29,979 cases of the disease were reported last year, a 2.4 percent decrease from the 30,719 cases of 1984. He said less than one-third of the state's counties accounted for over 96 percent of last year's cases. Twenty-one counties reported 28,879 of the 29,979 cases.

Powers said Philadelphia led all counties in 1985 with 17,345 gonorrhea cases. Allegheny County was second with 3,931. Dauphin County was third (1,418), followed by Delaware County (1,142), and York County (858). Other counties in the top ten with confirmed cases included Montgomery (635), Berks (505), Lancaster (430), Chester (412), and Erie (388), he said.

The state also released the following figures (these statistics exclude Philadelphia County, where a separate breakdown is maintained):

- 53 percent of last year's cases involved males.
- The age group 20-24 recorded the most cases (4,408), followed by ages 15-19 (3,342), and ages 25-29 (2,445). The youngest age group—under age 10—recorded 28 cases and the oldest age group—over 55—recorded 59 cases.
- 82 percent of the reported cases were under age 30; 28 percent were under age 20.
- 207 children under age 15 were reported last year compared to 189 cases in 1984 and 164 cases in 1983.

"Despite many more cases than the other counties last year, Philadelphia actually showed a seven percent decrease in cases compared to 1984," Powers said. "Philadelphia reported 17,345 cases last year, and 18,700 cases in 1984. Chester County had the largest decrease among top ten counties with 412 cases last year compared to 563 cases in 1984—a 27 percent decrease."

Powers said York County showed the largest increase among the top ten counties. The county's 858 cases last year compare to 500 cases in 1984, a 72 percent increase.

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Rural health conference

"Health Promotion vs. Medical Care: Striking a Balance in Rural Areas" is the theme of the 10th annual meeting of the American Rural Health Association, to be held September 23-26 at the Hershey Pocono Resort in White Haven.

The meeting will include research presentations and workshops on topics related to rural health promotion. Topics to be investigated are: health promotion at the worksite, integrating medical care and health promotion, and models of health promotion and medical care delivery. For further information about the conference, write: 1986 ARHA Conference, 107 Weaver Building, University Park, PA 16802.

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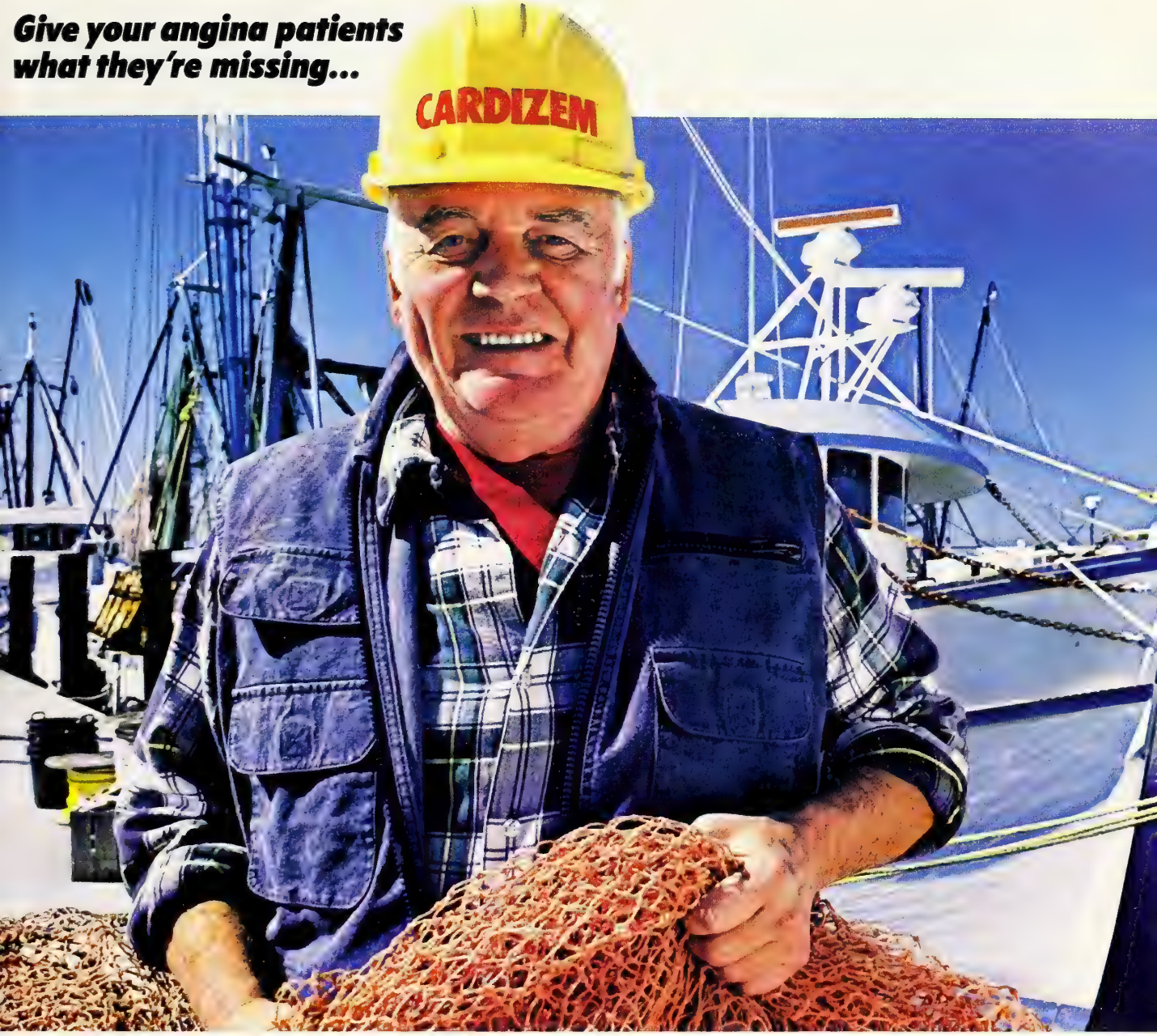

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Professional Use Information
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CONTRAINDICATIONS

CARDIZEM is contraindicated in (1) patients with sick sinus syndrome except in the presence of a functioning ventricular pacemaker, (2) patients with second- or third-degree AV block except in the presence of a functioning ventricular pacemaker, and (3) patients with hypotension (less than 90 mm Hg systolic)

WARNINGS

1. **Cardiac Conduction.** CARDIZEM prolongs AV node refractory periods without significantly prolonging sinus node recovery time, except in patients with sick sinus syndrome. This effect may rarely result in abnormally slow heart rates (particularly in patients with sick sinus syndrome) or second- or third-degree AV block (six of 1,243 patients for 0.48%). Concomitant use of diltiazem with beta-blockers or digitalis may result in additive effects on cardiac conduction. A patient with Prinzmetal's angina developed periods of asystole (2 to 5 seconds) after a single dose of 60 mg of diltiazem
2. **Congestive Heart Failure.** Although diltiazem has a negative inotropic effect in isolated animal tissue preparations, hemodynamic studies in humans with normal ventricular function have not shown a reduction in cardiac index nor consistent negative effects on contractility (dp/dt)
   Experience with the use of CARDIZEM alone or in combination with beta-blockers in patients with impaired ventricular function is very limited. Caution should be exercised when using the drug in such patients
3. **Hypotension.** Decreases in blood pressure associated with CARDIZEM therapy may occasionally result in symptomatic hypotension
4. **Acute Hepatic Injury.** In rare instances, significant elevations in enzymes such as alkaline phosphatase, CPK, LDH, SGOT, SGPT, and other symptoms consistent with acute hepatic injury have been noted. These reactions have been reversible upon discontinuation of drug therapy. The relationship to CARDIZEM is uncertain in most cases, but probable in some. (See PRECAUTIONS.)

PRECAUTIONS

General. CARDIZEM (diltiazem hydrochloride) is extensively metabolized by the liver and excreted by the kidneys and in bile. As with any new drug given over prolonged periods, laboratory parameters should be monitored at regular intervals. The drug should be used with caution in patients with impaired renal or hepatic function. In subacute and chronic dog and rat studies designed to produce toxicity, high doses of diltiazem were associated with hepatic damage. In special subacute hepatic studies, oral doses of 125 mg/kg and higher in rats were associated with histological changes in the liver which were reversible when the drug was discontinued. In dogs, doses of 20 mg/kg were also associated with hepatic changes; however, these changes were reversible with continued dosing

Drug Interaction. Pharmacologic studies indicate that there may be additive effects in prolonging AV conduction when using beta-blockers or digitalis concomitantly with CARDIZEM. (See WARNINGS.)

Controlled and uncontrolled domestic studies suggest that concomitant use of CARDIZEM and beta-blockers or digitalis is usually well tolerated. Available data are not sufficient, however, to predict the effects of concomitant treatment, particularly in patients with left ventricular dysfunction or cardiac conduction abnormalities. In healthy volunteers, diltiazem has been shown to increase serum digoxin levels up to 20%

Carcinogenesis, Mutagenesis, Impairment of Fertility. A 24-month study in rats and a 21-month study in mice showed no evidence of carcinogenicity. There was also no mutagenic response in in vitro bacterial tests. No intrinsic effect on fertility was observed in rats.

Pregnancy. Category C. Reproduction studies have been conducted in mice, rats, and rabbits. Administration of doses ranging from five to ten times greater (on a mg/kg basis) than the daily recommended therapeutic dose has resulted in embryo and fetal lethality. These doses, in some studies, have been reported to cause skeletal abnormalities. In the perinatal/postnatal studies, there was some reduction in early individual pup weights and survival rates. There was an increased incidence of stillbirths at doses of 20 times the human dose or greater.

There are no well-controlled studies in pregnant women; therefore, use CARDIZEM in pregnant women only if the potential benefit justifies the potential risk to the fetus

Nursing Mothers. Diltiazem is excreted in human milk. One report suggests that concentrations in breast milk may approximate serum levels. If use of CARDIZEM is deemed essential, an alternative method of infant feeding should be instituted

Pediatric Use. Safety and effectiveness in children have not been established

ADVERSE REACTIONS

Serious adverse reactions have been rare in studies carried out to date, but it should be recognized that patients with impaired ventricular function and cardiac conduction abnormalities have usually been excluded

In domestic placebo-controlled trials, the incidence of adverse reactions reported during CARDIZEM therapy was not greater than that reported during placebo therapy.

The following represent occurrences observed in clinical studies which can be at least reasonably associated with the pharmacology of calcium influx inhibition. In many cases, the relationship to CARDIZEM has not been established. The most common occurrences as well as their frequency of presentation are: edema (2.4%), headache (2.1%), nausea (1.9%), dizziness (1.5%), rash (1.3%), asthenia (1.2%). In addition, the following events were reported infrequently (less than 1%):

Cardiovascular.	Angina, arrhythmia, AV block (first degree), AV block (second or third degree — see conduction warning), bradycardia, congestive heart failure, flushing, hypotension, palpitations, syncope
Nervous System.	Amnesia, gait abnormality, hallucinations, insomnia, nervousness, paresthesia, personality change, somnolence, tinnitus, tremor.
Gastrointestinal	Anorexia, constipation, diarrhea, dysgeusia, dyspepsia, mild elevations of alkaline phosphatase, SGOT, SGPT, and LDH (see hepatic warnings), vomiting, weight increase
Dermatologic.	Petechiae, pruritus, photosensitivity, urticaria.
Other.	Amblyopia, dyspnea, epistaxis, eye irritation, hyperglycemia, nasal congestion, nocturia, osteoarticular pain, polyuria, sexual difficulties

The following postmarketing events have been reported infrequently in patients receiving CARDIZEM: alopecia, gingival hyperplasia, erythema multiforme, and leukopenia. However, a definitive cause and effect between these events and CARDIZEM therapy is yet to be established. Issued 11/85

See complete Professional Use Information before prescribing

References: 1. Pepine CJ, Feldman RL, Hill JA, et al Clinical outcome after treatment of rest angina with calcium blockers: Comparative experience during the initial year of therapy with diltiazem, nifedipine, and verapamil. Am Heart J 1983; 106(6):1341-1347 **2.** Shapiro W: Calcium channel blockers: Actions on the heart and uses in ischemic heart disease. Consultant 1984;24(Dec):150-159. **3.** Johnston DL, Lesoway R, Humen DP, et al: Clinical and hemodynamic evaluation of propranolol in combination with verapamil, nifedipine and diltiazem in exertional angina pectoris: A placebo-controlled, double-blind, randomized, crossover study Am J Cardiol 1985;55:680-687. **4.** Cohn PF, Braunwald E: Chronic ischemic heart disease, in Braunwald E (ed). Heart Disease: A Textbook of Cardiovascular Medicine, ed 2. Philadelphia, WB Saunders Co, 1984, chap 39 **5.** Schroeder JS: Calcium and beta blockers in ischemic heart disease. When to use which. Mod Med 1982;50(Sept):94-116

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Oncologic Society launches campaign

The Pennsylvania Oncologic Society, formerly known as the Wainwright Tumor Clinic Association, will launch a membership drive this fall with the goal of becoming a multidisciplinary organization for physicians and health professionals involved in the care and treatment of cancer patients.

Howard Saiontz, MD, president of the Pennsylvania Oncologic Society, said the organization has already taken the first step toward a multidisciplinary approach by appointing a new board of directors representing the various disciplines in oncology.

The Tumor Clinic Association, forerunner to the oncologic society, was formed in 1930. In 1936, the name was changed to the Wainwright Tumor Clinic to honor Jonathan Wainwright, MD, a Scranton surgeon credited with formation of the first commission on cancer in the Pennsylvania Medical Society. In 1979, the association became the Pennsylvania Oncologic Society.

Current membership in the society includes 131 individual physicians, 31 institutions and 9 affiliate members (qualified tumor registrars). At the society's annual meeting in September, members will vote to expand membership to include nonphysicians such as social workers and cancer nurses who play an integral role in the care of cancer patients.

The Annual Scientific Meeting also puts forth the multidisciplinary theme by displaying a number of cancer research activities underway in Pennsylvania. This approach will provide an opportunity to recognize cancer researchers and their supporting colleagues in the Commonwealth.

Current officers are as follows: Howard I. Saiontz, MD, Johnstown, president; Harold A. Harvey, MD, Hershey, president elect; Harmar D. Brereton, MD, Scranton, vice president; Stuart Merl, MD, Carlisle, secretary; and Jack Schocker, MD, Altoona, treasurer.

The Educational and Scientific Trust of the Pennsylvania Medical Society provides administrative support services for the Pennsylvania Oncologic Society.

Forty years of surgery highlighted in memoirs

The University of Pennsylvania figures prominently in the recently published memoirs of James D. Hardy, MD. Dr. Hardy gives an account of surgery during the last forty years in his book, "The World of Surgery, 1945-1985: Memoirs of One Participant."

Dr. Hardy currently is chairman of the department of surgery at the University of Mississippi School of Medicine. He grew up in Alabama, and earned his medical degree at the University of Pennsylvania. He received his postgraduate training in thoracic surgery at the University of Pennsylvania.

Dr. Hardy's colleague, Philadelphia physician Brooke Roberts, MD, describes the book as "a lively account of surgery during a period which historically, I suspect, will be viewed as one of the key periods in the growth of medicine in general."

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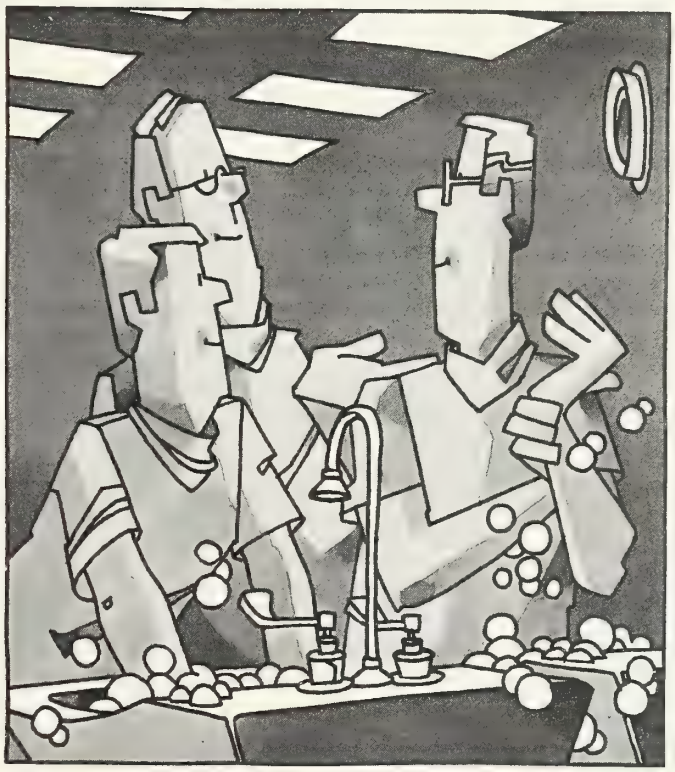

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PMS chosen for AIDS pilot project

The Pennsylvania Medical Society is one of four medical societies chosen to participate in a pilot health education program. Three state medical societies and one metropolitan county medical society have been awarded grants to carry out the program, which focuses on acquired immunodeficiency syndrome (AIDS). Other medical societies participating are California and Texas, and the Chicago Medical Society. The project is coordinated by the American Medical Association.

The four stages of the project are: 1) development of an AIDS education program; 2) presentation of the program to a core group of state medical society physicians who will function as educators at the local and state levels: 3) training community-based volunteer physicians interested in forming an AIDS speakers' bureau; and 4) delivery of health education and information on AIDS to the general public.

The AMA developed the educational program and presented it to Pennsylvania's core group of physicians in June. This group is now recruiting and training volunteer physicians interested in speaking to community groups. The goal of the project is to educate the public about the disease and how it is transmitted. As of February, 17,361 cases of AIDS had been reported to the Centers for Disease Control and 9,112 people were known to have died from the disease.

Physicians willing to become AIDS speakers should contact Chris Reese at PMS (717) 763-7151.

Dr. Mahood president

The Montgomery County Medical Society recently installed William H. Mahood, MD, as its 139th president.

Board certified in internal medicine

and gastroenterology, Dr. Mahood is chief of gastroenterology at Abington Memorial Hospital. He is past president of the Delaware Valley Society of Gastroenterology and president of the Pennsylvania Society of Gastroenterology. He is a delegate to the PMS House and an alternate delegate to the AMA. In addition, he serves on the Governing Council of the PMS Hospital Medical Staff Section.

At the inaugural meeting for Dr. Mahood, the county society also honored retiring Board members Edgar W. Kline, MD, and John J. Maron, MD.

Penn organizes new medical component

The University of Pennsylvania has created a new entity called the University of Pennsylvania Medical Center, and appointed Dean Edward J. Stemmler, MD, executive vice president of the organization.

The medical center includes Penn's school of medicine, the Hospital of the University of Pennsylvania, and hospital based medical practices. Under the new structure, Dr. Stemmler will continue in his position as medical school dean and the names of the hospital and medical school will remain the same. An additional administrator will be added to the medical school staff to assist Dr. Stemmler, and Thomas W. Langfitt, MD, will continue in the position of vice president for health affairs.

Penn President Sheldon Hackney, who announced the reorganization, said the change will "enable Penn to respond to rapidly changing needs in the health care environment (and) help to integrate research, patient care, and teaching."

Dr. Stemmler graduated from Penn's medical school and was a fellow in cardiology and chief medical resident at the Hospital of the University of Pennsylvania (HUP). He joined the university's faculty in 1964 and became dean in 1975.

He is a master of the American College of Physicians, and a member of the Association of American Medical Colleges, the Institute of Medicine of the National Academy of Sciences, and the College of Physicians of Philadelphia.

Dr. Cohen to lead MCP

D. Walter Cohen, DDS, dean emeritus of the School of Dental Medicine at the University of Pennsylvania and a researcher and practitioner in the field of periodontics, has been elected the 18th president of the Medical College of Pennsylvania (MCP).

Dr. Cohen succeeds Maurice C. Clifford, MD, who retired after serving as MCP's president for the past seven years.

Dr. Cohen, who assumed the presidency in August, said that he is "very enthusiastic about joining the team at MCP in providing excellence in medical education, research, and health care. I look forward to opportunities to develop innovative approaches to the various problems which health science centers face today and will continue to face during the remainder of the decade."

Dr. Cohen said that one of his highest priorities at MCP will be the establishment of a "stronger financial base to enhance the institution's areas of strength and permit new centers of excellence to flourish."

Philadelphia born and bred, Dr. Cohen attended Penn's undergraduate school and earned his DDS from its school of dentistry in 1950. Following a research fellowship in pathology and periodontics at Beth Israel Hospital in Boston, he returned to Penn as assistant instructor in the dental school. During his 35-year career there, he established the school's department of periodontics and served as its first chairman; rose to the rank of professor of periodontics, a title he still holds, and served as associate dean for academic affairs before becoming dean.

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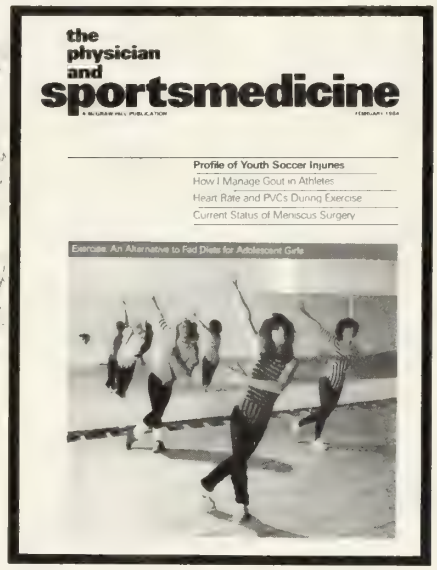

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Advanced Billing Concepts 11
Alfa Romeo 35
American College of Cardiology 44
Ayerst Laboratories 37, 38, 39, 40
Bertholon Rowland Agencies 47
BMW of North America 5
Brown Pharmaceuticals 49, 63
Campbell Laboratories 74
Casualty Reciprocal Exchange 57
Dorland's Medical Directory 9
Eastern State School and Hospital 71
Elcomp Systems 33
Eli Lilly Company 34
Geisinger Medical Center 53
Health Care Personnel Consulting 71, 73
HealthSearch 70
Horsham Clinic 32
Jeanes Health System 25
Jefferson Medical College 18, 42
John Downing Associates 71
Keystone Technologies 55
Knoll Pharmaceuticals 7
Magazine Subscription Agency 21
Marion Laboratories 15, 16
McGraw Hill 22
Medical Personnel Pool 62
Medical Protective Company 69
Meridian Asset Management 3
NEEMA Medical Services 67
Neilson Computer Systems 29
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PMS Committee on the Impaired Physician 30
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Provident Mutual 19
PSG Computers 23
Reading Rehabilitation Hospital 49
Roche Laboratories . . . . . 1, Covers 2, 3, 4
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special feature

A mile and a half of ink

Excerpts from the diary of Richard Selzer

Richard Selzer

For the past two years I've been keeping a diary. It is entitled "A Mile and a half of Ink." The very word *keeping* sets this form of literary endeavor apart from all others. The only other kind of book that is *kept* instead of *written* is the financial record of a business. But *keeping* implies a kind of faithfulness and devotion to the task that the word *writing* does not have. There is in *keeping* the notion of tending a flock as well as the idea of withholding private information. And so it is with devotion that I have tended this diary to which I have first told all my secrets and which I have all along intended to publish. That is just one of the many dishonesties of art it has taken me years to learn.

Into this diary have gone all the backing and filling over my retirement from surgery. My efforts to give up smoking (it is easier to give up surgery than cigarettes), my restless travels to England, France, Helgoland, Italy, and all over North America which were no more than flights into exile for one reason or another. Here, too, an account of a malpractice suit in which I was the defendant, as well as observations made about a living earned upon the podium instead of in the operating room.

In short, it is the day to day account of my life. I would warn the reader that any diarist wishes to show himself to be charming and likeable. It is a human folly. Discount, then, all efforts in that direction. Sweet though they may be, they are pathetic and obvious. I must also announce that I have not told everything. For one thing, I am too shy. Also, I have just lately learned what the rest of the world has always known: we are all hiding the same things. Therefore, their revelation would be more boring than titillating. For the most part I have been scrupulous with the facts. But I admit that this diary has been written in accordance with the First Law Of the Imagination: The instant an artist picks up his pen, he is no longer himself nor is he entirely of this world. And so it is that I present these entries from my diary. Despite my withdrawal from the practice of medicine, it seems to me that they could only have been written by a doctor.

The entry for June 10, 1985, came about because in April of that year, I received a phone call from someone who announced himself as the head ranger at Yellowstone National Park. Would I, he wanted to know, come out to teach at the Rangers' School for a week?

"But there must be some mistake," I told him. "I know nothing about the wilderness. My feet have rarely left pavement. I am afraid of snakes."

"But," he persisted, "aren't you the doctor who wrote those books interpreting the human body in literary terms?" I admitted it.

"Then you are the one we want," he crowed. And so it was that in June 1985 I found myself in Mammoth Springs, Wyoming, at the Rangers' School. It is just another piece of cheek to which all writers are given.

June 10, 1985

I have been invited for a week to Yellowstone National Park . . . the Rangers' School. Each day I am taken out into the wilderness by one of the rangers—a geologist, an ornithologist, a wildlife conservationist. Later, it will be my job to interpret the park for the students "as though it were a human body." That is the sort of thing that happens to retired surgeons.

At 8 a.m. Jim Halfpenny appears at the lodge. We set out across the park. He is 38, weathered, with hooded eyes and straight black shiny hair that he combs forward into broad sideburns. I think he must be an Indian. No, he says. English. As in Ha'penny. He is no taller than I—five feet, eight inches—perhaps even shorter, but gives the appearance of stature. Reliability makes one taller. Walking ahead of me, his compact solid body gives off a dry odor, like that of mice. No, something wilder. This is a body that has scrambled over rocks, bushwhacked, forded streams, and over its lifetime has taken on the look and smell, doubtless the feel, of rock, forest, river, animal. He seems made of bark and leaf and oiled fur.

Today we will study tracks and scat.

"Fox," says Jim and points to a C-shaped print in the earth. "Four toes with nails. The palm pad a single lobe. A loper." We walk on.

"Bear. No space between the toes. They're all cramped in. Hind foot looks human. A heel slows you down. Got to go up and down on it." He demonstrates.

"A hopper. Indistinct. They're light on their feet. He's running away from something."

Just so does Jim Halfpenny gather evidence, populating the empty wilderness with invisible creatures, divining presences. Each time we pause at a mound of stool, he makes a diagnosis.

"Rabbit. It's dry and round."

"Porcupine . . . a long pellet with a hook at the end."

"White in it? He's been eating bone."

"Blue? The bear's been at the berries." He bends to sniff. "Smells nice and sweet."

"Cat covers it up. Coyote wants you to see it."

About feces, Jim is as clinical as a gastroenterologist.

"The diameter of scat is controlled by the circumference of the anus." He says this without the least irony, then kneels to pick something up.

"Lady's-slipper," he says, and holds up a tiny lavender flower.

We have been trekking for several hours when, with a hand held out, palm directed backward, one finger shushing,

---

In December 1984, Richard Selzer retired from his position as assistant clinical professor of surgery at Yale University School of Medicine to become a full-time writer. While he was a practicing surgeon, he wrote "Rituals of Surgery," "Mortal Lessons," "Confessions of a Knife," and "Letters to a Young Doctor." His most recent book, "Taking the World in For Repairs," was published this month and is reviewed on page 36.

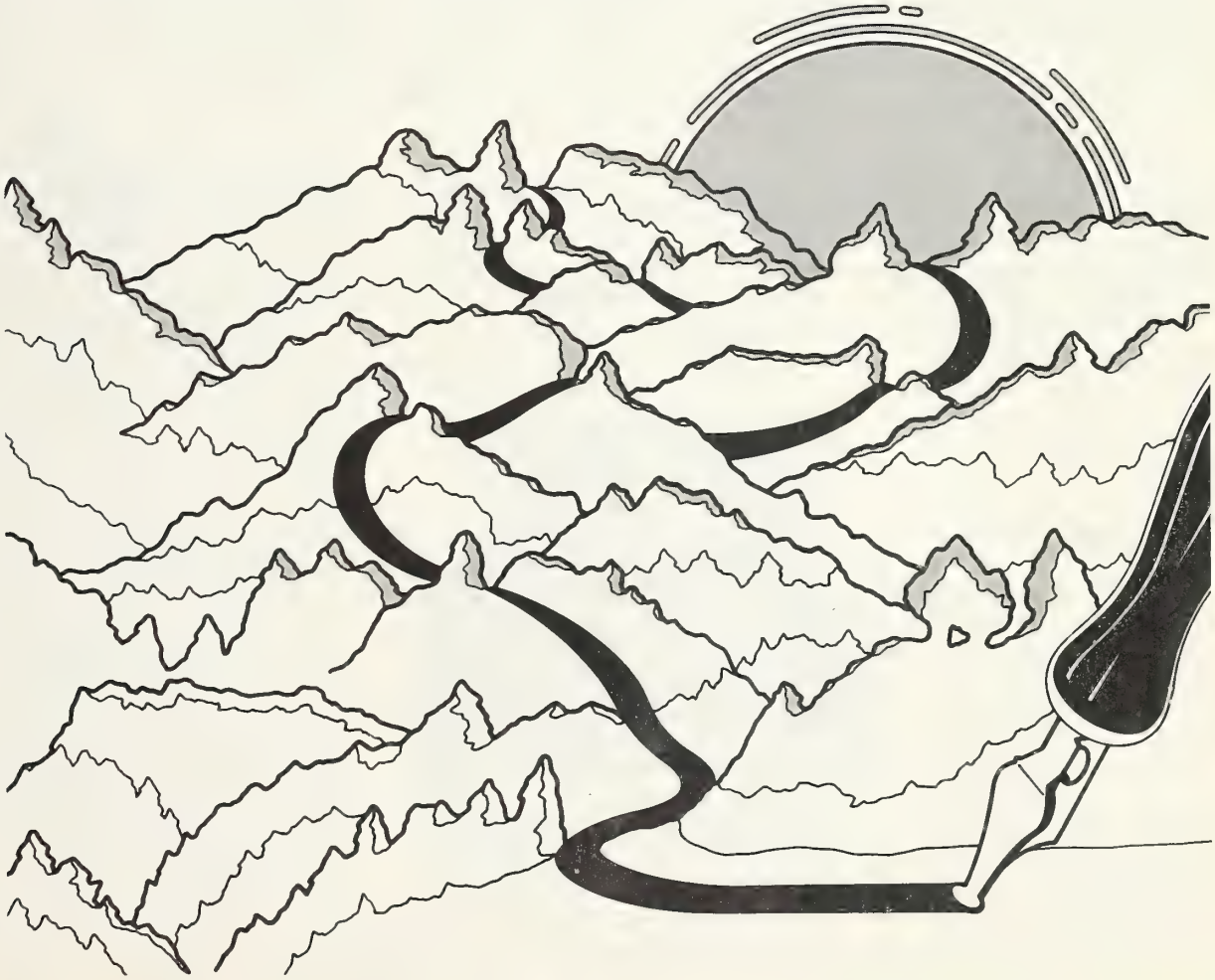
I am commanded to halt and be still. Jim points to a gentle slope of grassland from which we are separated by a body of water. The wooden marker names it "Floating Island Lake." A misnomer, as there is no island, floating or anchored, and the 'lake' is no more than fifty yards across and a like number in length. I should think it more a pond than a lake. The countryside of Yellowstone is anything but modest.

Directly across the water, arranged in classic pose—an elk, her calf, and three coyotes. Two each with a black-tipped tail, black again across the shoulders. The tail of the third coyote has been stripped so that it is little more than bone and ligament, no fur. For a long time the animals stand immobile as though waiting to begin the performance of a play. All at once they are touched into motion: one of the coyotes makes a low slink toward the calf. The elk dashes to drive it off. As she does, the coyote, the one with the stripped tail, lunges, upending the calf. We see four small hooves waving, an impossibly twisted neck, then nothing but a rumpled brown blanket on the grass. The elk charges the killer. Too late. And stands guard over the body of the calf.

For the next two hours she will career back and forth, first in one direction, then in another, as the coyotes feint and dodge. *They are low and silver; I can see through them. Only their jaws are substantial.* They will give her no rest, take turns inviting her gallop, swerving out of reach of her hooves just in time. All this while, the calf will show not the least sign of life. Once or twice the elk will bend to sniff the carcass, even give it a healing lick. But then she must return to fend them off. Clearly, the calf is dead. But she will not let them have it. Again and again she interposes herself between fangs and calf, rearing, prancing.

But now her mouth is open, her tongue hangs out, light flakes from her heaving flanks. She is afire. Her eyes, too, burn with a preternatural glare like those of a warhorse in the clamor of battle. She tires. But she will not let them have it! Now and then, in the very heat of the fight she bends to rip a mouthful of grass and chew, so strong is the habit of grazing. That is, after all, her work. But the body of the calf is her passion. Has she not yet accepted the fact of death? Or does she act out of some maternal frenzy? Whatever, the coyotes are of equal resolve. They *will* have that calf. And their effort is shared, they are three. The battle is fought in absolute silence. None of them cries out, neighs, growls; nothing, only the thudding of her pistons of packed cornified epithelium. The tawny coat of the elk is repeated in the golden grass that bends and straightens in the wind as though the earth itself were panting. In the foothills the sage brush, frothing. At our feet, the cool unblinking heartless gaze of the lake.

Now the battle enters a second phase. Somehow the coyotes know that she has reached her limit. Twice, the



skinny-tailed dog holds a thigh in his jaw. Twice the elk repels, dislodges. As though a bugle had sounded, one of the tricksters darts toward the calf asking for pursuit. The elk obliges, and as she does, the other two seize the carcass and drag it to within a few feet of a solitary aspen tree in the center of the clearing. There they relinquish it from beneath the mother's hooves. But now there are four against her: the three coyotes and the tree about which she cannot circle and turn with their agility. Round and round the aspen, first in one direction, then the other, she runs, flailing.

"Look at that," says Jim. "Ring around the rosey."

The sound of human speech is shocking. The coyotes grow bolder; there are whole moments when one has its snout buried in the crumpled brown thing. A great red rip appears in the flank of the carcass. One by one, the coyotes dip their muzzles in it, lifting them like Russian flags. And still the mother tries. One coyote turns to nip at her heels but she is fearless and fights on. A pair of ravens, like black rags, shakes into the low branches of the aspen and settles there, lengthening the odds against her. But this elk says 'NO!' And, all but spent, continues to pound the air, the ground, with all her might, wheeling into the saliva that hangs from her lip. Once more she achieves the body of the calf, gives it an exploratory nudge, bends to nuzzle with the ferocity of resuscitation. I wish for her arms, fists, talons. Oh, I think, had she fists and talons, she would keep them from it. I want her to keep them from it. It is not any longer the matter of a calf, which *I* understand is dead. It is *she*. I am caught up in her mad purpose.

Then, all at once, as if a signal had been given, a handkerchief thrown, she knows. And, high, nude, sleek, she steps away to the edge of the clearing. The coyotes barge in. In a moment they are deep imbrued in gore. Their tails twitch, their soft growls of pleasure come across the water. From where she stands apart, the elk turns to cast a single lingering backward glance, then slips into the forest. The last of her is her bright rump, like a small sun. In the tree, the ravens wait their turn. Jim is silent, satisfied. He turns to see that I am full of her defeat.

"You're wrong," he says. "It was beautiful. All energy and grace. To choose sides would be to stop all nature in its tracks. A calf dies, three coyotes live another day. There is no good, no bad."

"Yes," I say. "I see." But I do not see. Is pity a less natural emotion than lust? or hunger? Save us all from the 'mercy' of the disinterested, the fair, to whom it is all the same—elk or coyote. The heart knows better.

It is the next day and I return alone to Floating Island Lake. It is calm and quiet. Two scaup sit up to their gunwhales in the water. A coot preens his wingpits with a long white bill. Then, well-scratched, he quivers once and flatfoots from a reedjam into the water with the softest, wettest noise. On the opposite bank where only yesterday Gods did battle, it is convalescent, empty. Or more than empty; a vacancy hovers there, crowded with ghosts. Look! A lone elk and three transparent coyotes, one with his tail unsleeved, circling, darting in. Now the others turn. Each move begets a responding move. See that fellow hanging fast to the carcass until he is almost beneath her hooves. How she slathers. While in the lake the scaup rattle their wings, a bullfrog booms, and the yellow-headed blackbird shrieks his personal complaint.

February 1, 1985

To retire from the practice of medicine and thereafter to remain in the town where one had worked is to take on the aura of death without the actual decomposition that goes along with it. You are apt to become something of a ghost, at most a wisp of ectoplasm.

It would do no doctor a disservice to have to spend a few months post mortem walking around town in a state of invisibility. That way, you get to find out how your former colleagues and patients are handling your disappearance from the scene. Of course, *you* know that things will have gone completely to pot, the whole thing caved in, you having been the linchpin and all that. It just wouldn't be the same without old Selzer. Their courage in being able to go on at all without you is truly touching. You applaud it. And from your wraithhood you scatter blessings upon them all. But within a short time you will discover that weeks have gone by without your hearing a single reference to your name. The hospital, the office go on as before without a break in stride. Slowly it dawns on you that you didn't matter at all. There or not there, it is all the same. The world spins, gears turn, surgery continues to be practiced in our land. The other day I met a surgeon on the street. He stopped dead in his tracks and turned pale as a ghost. "Dick!" he said. "Dick Selzer? But I thought . . . "

"No," I said. "I didn't. Just retired."

"Sure gave me a start," he said, wiping the sweat from his brow.

"Sorry" I said and apologized for living.

August 10, 1985

I have written nothing for four days because of the apricots. Two days ago I looked out the window to find that without the least regard for my art, and with an indifference to the spiritual temper of mankind that is the hallmark of fruit trees everywhere, Jon's apricots had achieved a state of ripeness that brooked no further delay. Already the birds and squirrels were at their feast. How did this happen behind my back? And with Janet out of town and only me to do the harvest? And so I began. Was there any single act, I thought that day, more satisfying to the spirit than the picking of apricots from trees planted by one's very own son? Each one coming free into my hand was an affirmation of filial love.

But now it is four days later. I have picked a thousand of them. I have fallen off the step ladder twice, each time spilling my harvest on the lawn. And I have discovered in myself a hatred for this particular fruit. Apricots remind me of nothing so much as the testicles of baboons. How the mighty have fallen. From Professor of Surgery at Yale, I have become the gelder of apes. I should have much preferred peaches. With their lawn of down and that sweet declivity, a peach calls to mind another, more amiable, part of the anatomy.

And so all day long I halve and pit and stew, stirring the vats of orange mush with a wooden spoon. It all has to go into plastic bags then into the freezer. Fully half of the 'product' has applied itself to the walls and floor of the kitchen as a calcified paste that will not be dissolved short of sulfuric acid. Just wait till the Woman of Wrath gets back from Europe!

This morning I filled a dish with the stuff, and not so much ate as took my revenge. □

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capital commentary

The politics of health care cost legislation

Robert H. Craig Jr.
Jerry L. Rothenberger
Larry L. Light

Just over a year ago, health care cost containment became an all encompassing issue in Pennsylvania. Indications were that it would become the focal point for a major legislative battle on the floor of the House of Representatives. No less than 12 bills were introduced, by business, labor, and insurers. Those interest groups and health care providers each represented a powerful block of votes that advocated far differing positions. The issues appeared to be irreconcilable.

In August 1985 cost containment came before the House Health and Welfare Committee in the form of public hearings. The three days of exhaustive hearings gave the major interest groups the opportunity to make clear their positions on the issue. R. Robert Tyson, MD, at that time PMS vice president, testified on the delivery of uncompensated care, utilization review, and data collection.

Included under cost containment were data collection, care for the indigent, elimination of the Blue Shield advantage, mandatory second opinions, limits on premium increases, preadmission certification, utilization review, and other proposals. Most of these were opposed by business or providers, who were developing their own legislative proposals. The major impetus for the legislation appeared to be coming from labor leaders across the state. Dr. Tyson was then meeting with a group of providers and others interested in assuring that the other side of the issue was clearly stated.

The House Democratic leadership forced the issue by introducing H.B. 1971 and having it released immediately from the House Health and Welfare Committee on a straight line party vote. That occurred early in February. The bill was drafted primarily by House Majority Leader James Manderino. He took the initiative when attempts to draft compromise legislation based on the findings of the House Health and Welfare Committee had not necessarily failed, but proved to be a long and arduous task. The legislation that came from committee was opposed by business and providers. A major floor fight looked inevitable as House Republicans seemed ready to offer their substitute language at the first opportunity and every opportunity thereafter.

These plans were shelved for several reasons, including the lingering illness of Representative Manderino's wife and the desire to avoid an open battle on this issue, for surely such a bill could not be approved in the Republican controlled Senate.

The attitude on the hill began to change as legislators gathered to resume their session in May after the primary election and Memorial Day recess. It became clear at that time that the major issues had been reduced to two—data collection and indigent care. Data collection was viewed by business and labor as a viable means to obtain the information needed to determine the cost and quality of health care. Providers were anxious to limit, where possible, the powers of the new group and to assure that it would be independent

The authors are the staff of the Council on Legislation. Mr. Craig is director, Mr. Rothenberger is assistant director, and Mr. Light is legislative liaison.

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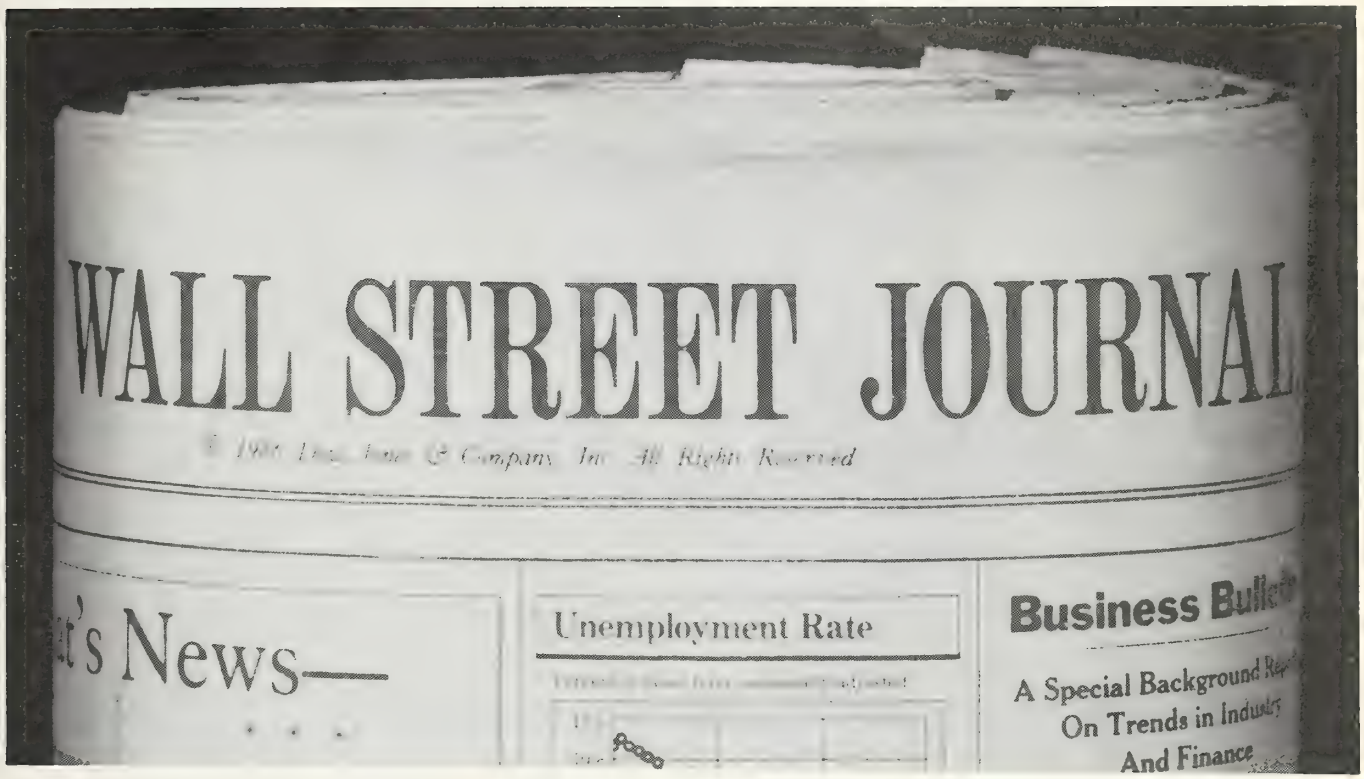

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of the state bureaucracy. Funding for indigent care was viewed by House Democratic leadership as a must issue. That position was understood, but the proposal that businesses and hospitals must provide most of the funding was opposed. The main reason for this opposition was the desire of the legislature and the administration to remove economic pressure from these groups—not add to it.

By this time the method for drafting the final proposal also was identified. The bill would be negotiated behind closed doors by the interest groups, lawmakers, and the administration. The final vote probably would come in a late night session through a vote on a conference committee report. The number of the bill to be used was unknown and really not important. There would be no floor debate, no public debate, and no amendment process. The report would be approved on a single vote in the House and a single vote in the Senate. It would be a vote up or down, yes or no.

The question asked by many when this process was completed, just as it is on any bill which is negotiated and developed in this manner, was, "What is the new state law?"

The key provision authorizes the collection of data by the 21-member Health Care Cost Containment Council. Members of the council will include representatives of the administration, business, labor, insurers, consumers, and providers. The physician member will be nominated by the governor to the Senate from a list of three nominees jointly recommended by the Pennsylvania Medical Society and the Pennsylvania Osteopathic Medical Association. Business and labor will dominate the Council.

The council will collect data on specific episodes of treatment in hospitals and medical ambulatory care settings. This information will be collected over a likely two year period and the data council will then develop a system compatible to the data collection to measure quality of health care. Throughout the system patient confidentiality is to be maintained.

There will be a process that will permit providers who feel that information is leading, misleading, or misinterpreted to dissent.

The Act requires the Health Care Cost Containment Council to conduct a study of health care for the medically indigent population, including the nature of medical care delivered, the access to that care, and which providers serve the indigent. The council also must recommend a permanent program of care for the indigent, on which the legislature must act.

The legislation also requires a review of proposed mandated benefits which are brought before the General Assembly for consideration. In past years proposals have included coverage for such things as alcoholism, drug addiction, chemotherapy, and organ transplants.

An appropriation of $2.25 million will fund the council for the next fiscal year.

Why did the bill pass and why were the interest groups able to find the middle ground? It happened in part because the need for good data on health care cost is widely realized; in part because such a "negotiated" issue is preferable to a destructive partisan floor fight; and in part because the legislators who participated in the process were careful to assess and then protect the basic needs of all the interest groups, including physicians. □

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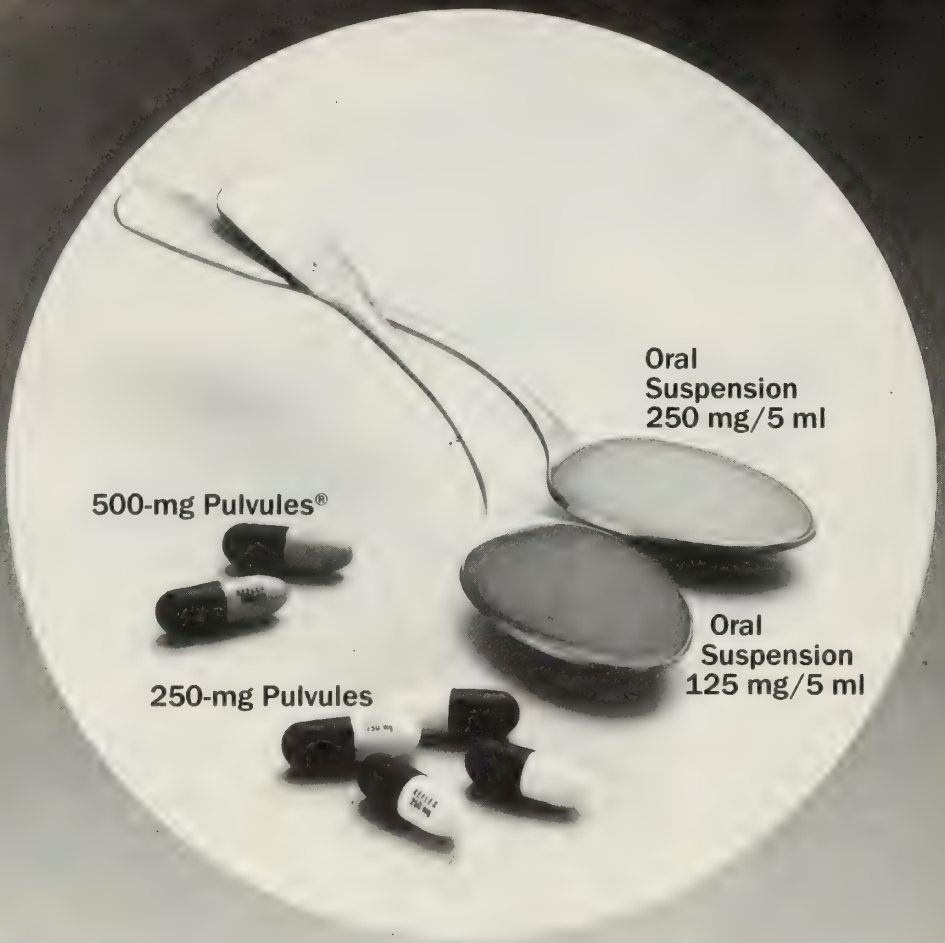

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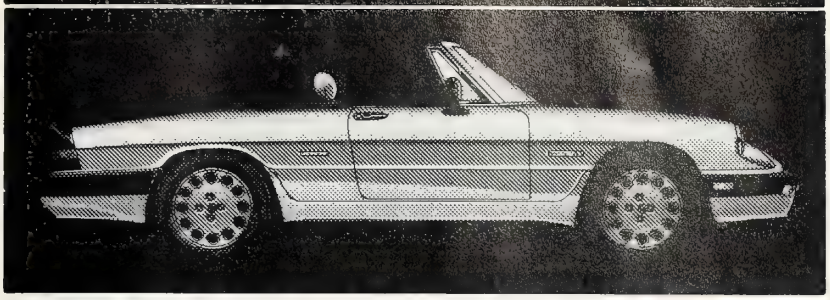

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Solemnity, humor, and spirituality

Review of Richard Selzer's 'Taking the World in for Repairs'

Benjamin Ivry

Richard Selzer's new book, "Taking the World in for Repairs," is his most sustained literary achievement to date. His prose style has constantly developed from his earlier collections of essays on surgery, "Mortal Lessons," "Confessions of a Knife," and "Letters to a Young Doctor." Each piece in the present volume contains a wealth of emotional feeling and philosophy about the author's professions of medicine, teaching, and writing.

His instinct for teaching is revealed in a group of parodistic essays that instruct the reader how to do hand laundry, how to build a balcony, and even how to make a slaughterhouse. Another essay, "A Worm from my Notebook," describes in concentrated fashion a parasite as it affects the life of its carrier, a camel driver in Zaire. The obsessive concern for detail in these essays stems from several different literary traditions. There is the legacy of English writers like G.K. Chesterton and Hilaire Belloc, who based entire essays on subjects like cheese. Richard Selzer also hearkens back to the work of the naturalist Thomas Henry Huxley, who would lecture at length on the mineral history of the piece of chalk that he wrote with upon a blackboard.

Selzer adds a further dimension to the detail, both naturalistic and literary, of his predecessors. The figure he is closest to in modern letters is the French prose-poet Francis Ponge, who wrote ineffably precise yet movingly poetic descriptions of objects such as soap and sea shells. Selzer also deals with the familiar and the physical, yet brings unexpected qualities of observation to bear upon these common, everyday things. His comments have the surprise and exactitude of a poet's.

Yet unlike Francis Ponge, Selzer keeps a healthy sense of humor about his work. His "manual" on hand laundry veers from a linguistic orgy to a real one: the sight of women's lingerie hanging on a clothesline sparks erotic reveries of a fairly explicit kind. Certainly G.K. Chesterton and Thomas Henry Huxley would not have admitted to feelings of this nature.

Selzer's essay on laundry retains throughout the parody form of a guidebook for Renaissance artists by Cennino Cennini. Part of Richard Selzer's fascination with this guidebook stems from his involvement with teaching, the idea of passing along to others the techniques and precise movements that together make up a craft. Certainly Selzer has spent much of his career at this occupation, as lecturer in surgery at the Yale School of Medicine. But more than this, he is also fascinated with the idea of rules or guidebooks as the keys to ritual. As his earlier book's title, "Rituals of Surgery," indicated, Selzer is preoccupied with the notion of the quasi-religious import of a doctor's work. The endlessly repeated gestures and the exactitude of method have a value and meaning of their own.

In his work, Selzer likens the trades of surgery and writing in a way unique in literature. There have been other doctor-writers certainly, from Rabelais and Chekhov to William Carlos Williams. But none before have considered so deeply the equivalences between the two occupations, as Richard Selzer. When Chekhov wrote stories on medical themes, he used his medical experience, but was still the writer first and foremost. The same is true of William Carlos Williams' few poems on specifically medical subjects. These writers made a choice in their identities, and at least at the time they wrote, were authors first and doctors second. Richard Selzer is the first to assume both identities at once. He is surgeon and writer at the same time.

His work contains accurate medical terminology, of course, but more important, he captures the drama of illnesses and operations. He knows the emotional realities of how doctors, patients, and their families interact. Selzer's clinical experiences haunt him, much as lines of poetry that cannot be shaken from the memory. When he is in Venice, Italy, a twisted statue of an angel will remind him of a nurse who worked in a recovery room in a New Haven hospital. A boisterous Italian monk reminds him of a confident American surgeon. Readers have never been granted these exact metaphors before, linking so closely the medical and literary experiences.

In addition to the character sketches based on his medical career in "Taking the World in for Repairs," Selzer recounts Thomas Mann's story "The Black Swan." This is the tale of a postmenopausal woman who falls in love and believes that her sudden renewed cervical bleeding is caused by the return of menstruation. Instead, it is the symptom of the cervical cancer that kills her. This story of diagnosis and pathology is perfect for Selzer's pen, and indeed he tells it with admirable brevity and point. The original tale, related expansively by the elderly Thomas Mann, ballooned to over 100 pages. Selzer makes the same essential points in about 20 pages. Moreover, because Selzer's medical details are more convincing, the woman's illness as the basis of the plot is more realistic.

But Selzer's notion was not to replace the work of the famous author. Instead, the two tales should be read side by side, in a true sense comparative literature. This bold retelling is a feat few "professional" authors would have dared, to rethink the previous achievements of a greatly esteemed modern writer. Yet Selzer's inside knowledge as a doctor and "amateur" status as a writer allow him fascinating freedoms. He may not start a trend in rewriting masterpieces, but on its own the retelling of "The Black Swan," in stiff, ornate prose at times reminiscent of Henry James, is a notable achievement.

As a writer Selzer everywhere gives evidence that he is the last of a line of 19th century American essayists, from Emerson and Thoreau to Oliver Wendell Holmes and Hawthorne. His striving for self-improvement and self-definition, his insistence on the work ethic, and above all his rococo prose style belong to an earlier, perhaps better, age of

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Benjamin Ivry is a free-lance writer based in New York.

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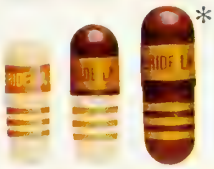

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IN PATIENTS WITH ANGINA PECTORIS, there have been reports of exacerbation of angina and, in some cases, myocardial infarction following *abrupt* discontinuance of propranolol therapy Therefore, when discontinuance of propranolol is planned the dosage should be gradually reduced and the patient carefully monitored. In addition, when propranolol is prescribed for angina pectoris, the patient should be cautioned against interruption or cessation of therapy without the physician's advice If propranolol therapy is interrupted and exacerbation of angina occurs, it usually is advisable to reinstitute propranolol therapy and take other measures appropriate for the management of unstable angina pectoris. Since coronary artery disease may be unrecognized, it may be prudent to follow the above advice in patients considered at risk of having occult atherosclerotic heart disease who are given propranolol for other indications

THYROTOXICOSIS Beta blockade may mask certain clinical signs of hyperthyroidism Therefore, abrupt withdrawal of propranolol may be followed by an exacerbation of symptoms of hyperthyroidism, including thyroid storm. Propranolol does not distort thyroid function tests

IN PATIENTS WITH WOLFF-PARKINSON-WHITE SYNDROME, several cases have been reported in which, after propranolol, the tachycardia was replaced by a severe bradycardia requiring a demand pacemaker. In one case this resulted after an initial dose of 5 mg propranolol

MAJOR SURGERY The necessity or desirability of withdrawal of beta-blocking therapy prior to major surgery is controversial It should be noted, however, that the impaired ability of the heart to respond to reflex adrenergic stimuli may augment the risks of general anesthesia and surgical procedures

Nonallergic Bronchospasm (eg, chronic bronchitis, emphysema)—PATIENTS WITH BRONCHOSPASTIC DISEASES SHOULD, IN GENERAL, NOT RECEIVE BETA BLOCKERS INDERAL should be administered with caution, since it may block bronchodilation produced by endogenous and exogenous catecholamine stimulation of beta receptors

DIABETES AND HYPOGLYCEMIA. Beta-adrenergic blockade may prevent the appearance of certain premonitory signs and symptoms (pulse rate and pressure changes) of acute hypoglycemia in labile insulin-dependent diabetes. In these patients, it may be more difficult to adjust the dosage of insulin Hypoglycemic attacks may be accompanied by a precipitous elevation of blood pressure

Hydrochlorothiazide: Thiazides should be used with caution in severe renal disease In patients with renal disease, thiazides may precipitate azotemia In patients with impaired renal function, cumulative effects of the drug may develop

Thiazides should also be used with caution in patients with impaired hepatic function or progressive liver disease, since minor alterations of fluid and electrolyte balance may precipitate hepatic coma

Thiazides may add to or potentiate the action of other antihypertensive drugs Potentiation occurs with ganglionic or peripheral adrenergic-blocking drugs

Sensitivity reactions may occur in patients with a history of allergy or bronchial asthma

The possibility of exacerbation or activation of systemic lupus erythematosus has been reported

PRECAUTIONS

Propranolol hydrochloride (INDERAL® LA): GENERAL. Propranolol should be used with caution in patients with impaired hepatic or renal function Propranolol is not indicated for the treatment of hypertensive emergencies

Beta-adrenoreceptor blockade can cause reduction of intraocular pressure Patients should be told that propranolol may interfere with the glaucoma screening test Withdrawal may lead to a return of increased intraocular pressure

CLINICAL LABORATORY TESTS Elevated blood urea levels in patients with severe heart disease, elevated serum transaminase, alkaline phosphatase, lactate dehydrogenase

DRUG INTERACTIONS Patients receiving catecholamine-depleting drugs, such as reserpine, should be closely observed if propranolol is administered The added catecholamine-blocking action may produce an excessive reduction of resting sympathetic nervous activity, which may result in hypotension, marked bradycardia, vertigo, syncopal attacks, or orthostatic hypotension

CARCINOGENESIS, MUTAGENESIS, IMPAIRMENT OF FERTILITY: Long-term studies in animals have been conducted to evaluate toxic effects and carcinogenic potential. In 18-month studies, in both rats and mice, employing doses up to 150 mg/kg/day, there was no evidence of significant drug-induced toxicity. There were no drug-related tumorigenic effects at any of the dosage levels. Reproductive studies in animals did not show any impairment of fertility that was attributable to the drug

PREGNANCY Pregnancy Category C. Propranolol has been shown to be embryotoxic in animal studies at doses about 10 times greater than the maximal recommended human dose There are no adequate and well-controlled studies in pregnant women Propranolol should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus

NURSING MOTHERS Propranolol is excreted in human milk. Caution should be exercised when propranolol is administered to a nursing mother

PEDIATRIC USE Safety and effectiveness in children have not been established

Hydrochlorothiazide: GENERAL Periodic determination of serum electrolytes to detect possible electrolyte imbalance should be performed at appropriate intervals

All patients receiving thiazide therapy should be observed for clinical signs of fluid or electrolyte imbalance, namely: Hyponatremia, hypochloremic alkalosis, and hypokalemia. Serum and urine electrolyte determinations are particularly important when the patient is vomiting excessively or receiving parenteral fluids Medication such as digitalis may also influence serum electrolytes Warning signs irrespective of cause are: Dryness of mouth, thirst, weakness, lethargy, drowsiness, restlessness, muscle pains or cramps muscular fatigue, hypotension, oliguria, tachycardia, and gastrointestinal disturbances such as nausea and vomiting

Hypokalemia may develop, especially with brisk diuresis, when severe cirrhosis is present, or during concomitant use of corticosteroids or ACTH

Interference with adequate oral electrolyte intake will also contribute to hypokalemia Hypokalemia can sensitize or exaggerate the response of the heart to the toxic effect of digitalis (eg, increased ventricular irritability). Hypokalemia may be avoided or treated by use of potassium supplements, such as foods with a high potassium content

Any chloride deficit is generally mild and usually does not require specific treatment, except under extraordinary circumstances (as in liver or renal disease). Dilutional hyponatremia may occur in edematous patients in hot weather; appropriate therapy is water restriction, rather than administration of salt, except in rare instances when the hyponatremia is life-threatening In actual salt depletion, appropriate replacement is the therapy of choice

Hyperuricemia may occur or frank gout may be precipitated in certain patients receiving thiazide therapy

Insulin requirements in diabetic patients may be increased, decreased, or unchanged Diabetes mellitus which has been latent may become manifest during thiazide administration

If progressive renal impairment becomes evident, consider withholding or discontinuing diuretic therapy

Thiazides may decrease serum PBI levels without signs of thyroid disturbance

Calcium excretion is decreased by thiazides Pathologic changes in the parathyroid gland with hypercalcemia and hypophosphatemia have been observed in a few patients on prolonged thiazide therapy The common complications of hyperparathyroidism, such as renal lithiasis, bone resorption, and peptic ulceration, have not been seen. Thiazides should be discontinued before carrying out tests for parathyroid function.

DRUG INTERACTIONS Thiazide drugs may increase the responsiveness to tubocurarine

The antihypertensive effects of thiazides may be enhanced in the postsympathectomy patient Thiazides may decrease arterial responsiveness to norepinephrine This diminution is not sufficient to preclude effectiveness of the pressor agent for therapeutic use

PREGNANCY Pregnancy Category C. Thiazides cross the placental barrier and appear in cord blood The use of thiazides in pregnancy requires that the anticipated benefit be weighed against possible hazards to the fetus. These hazards include fetal or neonatal jaundice, thrombocytopenia, and possibly other adverse reactions which have occurred in the adult

NURSING MOTHERS Thiazides appear in human milk If use of the drug is deemed essential, the patient should stop nursing

PEDIATRIC USE Safety and effectiveness in children have not been established

ADVERSE REACTIONS

Propranolol hydrochloride (INDERAL® LA): Most adverse effects have been mild and transient and have rarely required the withdrawal of therapy

Cardiovascular Bradycardia, congestive heart failure, intensification of AV block; hypotension, paresthesia of hands; thrombocytopenic purpura, arterial insufficiency, usually of the Raynaud type

Central Nervous System: Lightheadedness; mental depression manifested by insomnia, lassitude, weakness, fatigue; reversible mental depression progressing to catatonia; visual disturbances, hallucinations; an acute reversible syndrome characterized by disorientation for time and place, short-term memory loss; emotional lability; slightly clouded sensorium, and decreased performance on neuropsychometrics

Gastrointestinal Nausea, vomiting, epigastric distress, abdominal cramping, diarrhea constipation; mesenteric arterial thrombosis, ischemic colitis

Allergic Pharyngitis and agranulocytosis, erythematous rash, fever combined with aching and sore throat; laryngospasm and respiratory distress

Respiratory Bronchospasm

Hematologic Agranulocytosis; nonthrombocytopenic purpura, thrombocytopenic purpura

Auto-Immune. In extremely rare instances, systemic lupus erythematosus has been reported

Miscellaneous Alopecia; LE-like reactions; psoriasiform rashes, dry eyes, male impotence; and Peyronie's disease have been reported rarely Oculomucocutaneous reactions involving the skin, serous membranes, and conjunctivae reported for a beta blocker (practolol) have not been associated with propranolol

Hydrochlorothiazide:

Gastrointestinal Anorexia; gastric irritation, nausea, vomiting, cramping, diarrhea, constipation, jaundice (intrahepatic cholestatic jaundice); pancreatitis, sialadenitis

Central Nervous System. Dizziness, vertigo, paresthesias; headache; xanthopsia

Hematologic Leukopenia, agranulocytosis, thrombocytopenia; aplastic anemia

Cardiovascular. Orthostatic hypotension (may be aggravated by alcohol, barbiturates, or narcotics)

Hypersensitivity. Purpura, photosensitivity; rash, urticaria, necrotizing angiitis (vasculitis, cutaneous vasculitis), fever, respiratory distress, including pneumonitis; anaphylactic reactions

Other Hyperglycemia, glycosuria; hyperuricemia, muscle spasm; weakness, restlessness, transient blurred vision

Whenever adverse reactions are moderate or severe, thiazide dosage should be reduced or therapy withdrawn

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REFERENCE:

1. Ravid M, Lang R, Jutrin I: The relative antihypertensive potency of propranolol, oxprenolol, atenolol, and metoprolol given once daily. *Arch Intern Med* 1985,145 1321–1323

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American literature. Selzer is not afraid to admit that he enjoys such currently unfashionable fare as the poetry of Edgar Allan Poe. His own prose is often the verbal equivalent of the Grand Armagnac brandy and chocolate creams with which he plied Italian monks during a stay in a monastery in Venice.

The description of this visit to San Giorgo Maggiore, the thousand-year-old Benedictine abbey, is the longest and most important piece in the book. At over 60 pages, it is also the most extensive single work that Selzer has published to date. Happily, it succeeds on all counts, with the humor and insights of the briefer pieces that have made the author's reputation.

A sort of emotional structure organizes the long essay into plateaus of feeling. Entitled "Diary of an Infidel," this extraordinary work is at once more and less than that. It is not a group of data divided rigidly by date and hour. On the contrary, it is a free-flowing mass of events, with much moving forward and backward in time. The essay reads as if written in recollection, based on notes taken on the spot. The finely honed prose crystallizes Selzer's experience and makes it art. A simple daily record would have been of far less interest.

As we read "Diary of an Infidel," we marvel at the range of emotional expression and philosophic thought sparked by Selzer's stay in the monastery. The "infidel" of the title constantly expresses his faith as a believer who has dedicated his life to service *pro bono publico.* This modern Confession concludes with the credo, "I am skeptical of great notions such as Mankind or God. It is nature I love and man." Statements like these place the author firmly in the humanist tradition. What more suitable place for such reflections than Italy, where relics of Renaissance humanism are everywhere on view?

What keeps the philosophy from being mere idle speculation is the doctor's urgent activity. In the title essay of the book, he dashes off to Peru to assist a group of visiting plastic surgeons. Interplast is an organization of volunteers who operate in poverty-stricken areas in the Third World. Both equipment and the services of skilled western doctors are donated to the destitute communities and local doctors are trained with the latest surgical techniques.

Selzer joined a team on its way to the Andes. In one astounding episode, he leapt down a deep ravine to save a carful of monks from accidental death. Once again the inhabitants of a monastery fatefully crossed his path. This truly heroic action is described with the author's usual modesty and self-deprecation. He often refers to his physical condition as "the height of my beshrivelment." Yet Selzer's vigor and energy are seen everywhere. In this book he jets to Paris, Italy, Peru, and visits upstate New York frequently, apart from maintaining his schedules of teaching, private practice, and hospital work in New Haven. And of course, he is a writer as well.

Yet in other essays this active doctor becomes a Walter Mitty. He is lost as a driver without his wife's instructions. He reached middle age before ever doing his own laundry. His mother henpecks him still. Her tart comments in a cemetery evoke both Thornton Wilder's "Our Town" and the materfamilias of the Bates Motel in Hitchcock's "Psycho." The genuinely funny humor refreshes and makes palatable the serious messages of the book. In a few paragraphs Selzer's mother becomes a vivid literary creation. The reader is curious

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to know more about this woman, who may have had a lot to do with her son's ornate prose style. When he brings pink flowers to a gravesite, she rejects them as "far too mucosal" and suggests something "a bit more osseous." Likewise, when Selzer recounts the medical humor of his father, who was a doctor, we gain insight into the style and flavor of his own writings. There is a masterful autobiographer at work here, and the occasional flashes of recollection suggest that one day Richard Selzer could very well contribute a memorable autobiography of a doctor, teacher, and writer.

Throughout, the maturity of Selzer's vision is impressive. He is the all-accepting, slightly amused observer who has seen things and knows how people live. He admires the monks' abandonment of ego but knows that he could never imitate them. He writes, "I love my name which was my father's name, and the name of my children. I am proud of my few accomplishments and ashamed of my many failures."

His personal modesty makes some theatrical gestures by the monks seem slightly absurd. As the doctor arrived at his monastic cell in Venice, a friar grandly announced to him, "Enter, Christ." Selzer demurred, "Well, not exactly." This sense of bemusement at reality can only be the result of many years of practical experience with the world that Selzer has been so busy taking in for repairs. He has not allowed himself to calcify into ivory tower concepts of existence. He accepts everyone's human flaws, and his own as well. He visited a Connecticut slaughterhouse and provides gut-wrenching descriptions of the killing of cows. Yet the next day he is on line at the butcher shop, ordering up some freshly killed veal.

The understanding of human weakness is one of the cardinal points of Richard Selzer's work. Yet he retains an absolutely serious faith in the value of helping mankind "one by one, one at a time." Even though he sees this as a "pathetic" insistence, he continues to do it all the same. This is the foundation of the humanistic philosophy of Richard Selzer, which contains more of religion's "talmud and dogma" than the author might like to admit. Those who most loudly bewail their own lack of faith are often the most truly religious, in their own fashion.

Only in the past year has Richard Selzer retired from his private practice in New Haven, his teaching job at Yale, and his positions at two New Haven hospitals. Thus for the first time, he can be called a professional writer, someone who works full-time at the occupation of letters. Already his achievements as an "amateur" outshine many of those who have done nothing else but write. It will be fascinating to follow the future progress of Richard Selzer as he continues to explore the emotional parallels between surgery and the writing life.

He will continue to volunteer for programs such as Interplast, in order to "pay back," as he puts it, a little of what surgery has given him. Perhaps one day readers will have the pleasure of reading the autobiography of this Montaigne of modern medicine. For now, "Taking the World in for Repairs" firmly places Richard Selzer as a unique and indispensable figure in American literature. No one interested in books, and certainly no one interested in medicine, can afford to miss his writings. □

"Taking the World in for Repairs"
Author: Richard Selzer
Publisher: William Morrow and Sons, New York
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The Medical Practice Act of 1985

Part IV—Implementation of graduate education (resident training) and residency program requirements

John H. Moyer, MD, DSc

Previously, I have reviewed the medical licensure undergraduate medical education responsibilities of the State Board of Medicine. In this article resident training, i.e., graduate training, responsibilities of the State Board of Medicine will be considered in accordance with the Pennsylvania Medical Practice Act of 1985.

Recommendation of the federation

The Federation of State Medical Boards of the United States, Inc. recommends that all physicians receive graduate (resident) training approved by each state medical licensure board in order to be eligible for licensure without restrictions, and all states have such a requirement.

Author's comment: Although prior to 1980 the majority of states required only one year of resident training, an increasing number of states now require two years of approved training and a number require three years of training prior to licensure without restriction.

The federation's recommendations for graduate training are:

1. All resident trainees who are not otherwise fully licensed to practice medicine should be licensed on a limited basis for educational purposes.

2. *Prior to entering into a training program, the applicant should have completed all the requirements for full and unrestricted medical licensure except graduate education requirements and the successful completion of the licensure examination.*

3. The application for graduate licensure should be made through the State Board of Medicine approved institution which is to supervise the applicant's graduate training and *that institution should be required to verify the validity of the credentials of an applicant* and the applicant's fulfillment of the requirements for graduate training licensure. The demonstrated failure of an approved supervising institution to properly and effectively verify an applicant's fulfillment of the requirements for graduate licensure should be grounds for a state medical licensure, at its discretion, to withdraw or limit its approval of that institution for graduate training until such time as the institution can demonstrate to the medical licensure board's satisfaction the implementation of an acceptable verification process.

4. The medical licensure board should develop regulations so as to establish restrictions for the graduate training license to assure that the holder *will practice only under appropriate supervision acceptable to the licensure board.*

5. The graduate license should be renewable annually with the approval of the state licensure board and upon the written recommendation of the supervising institution.

6. The disciplinary provisions of a state's medical practice act should apply to the holders of the graduate training license as if they held full and unrestricted medical licensure.

Author's Comment: This includes unethical and immoral conduct and physician impairment for medical practice.

7. The issuance of a graduate training license should not be construed to imply that a full and unrestricted medical license will be issued at any future date unless all requirements for unrestricted license are met.

Author's Comment: The Pennsylvania Medical Practice Act of 1985 for the most part includes these provisions, which will be implemented by regulations currently under development.

Definitions for the Pennsylvania Act

1. *Graduate Medical Training*

Training accredited as graduate medical education by the Accreditation Council for Graduate Medical Education (ACGME) or by another accrediting body recognized by the State Board of Medicine for the purpose of accrediting graduate medical education, or training provided by a hospital accreditated by an accrediting agency acceptable to the State Board of Medicine, and which is acceptable to an American board of a medical specialty toward the training it requires for the certification it issues in a medical specialty or subspecialty.

2. *FLEX Examination*

The Federation of State Medical Boards of the United States, Inc. sponsors a uniform examination which is accepted as the official licensure examination which is required for licensure without restriction in all states, territories or possessions of the United States. It is given simultaneously at all sites twice a year, in December and June. Both components (FLEX I and FLEX II) must be completed successfully before an applicant may be issued an unrestricted license or alternatively the applicant has successfully completed all three components of the national board examination or the examination of the Medical Council of Canada, both of which have been endorsed by the Pennsylvania State Board of Medicine as being equivalent examinations to the FLEX Examination.

FLEX I is the examination component of the FLEX which is designed to evaluate measurable aspects of knowledge and understanding of basic and clinical science principles and mechanisms underlying disease and modes of therapy. *This component must be satisfactorily completed before the trainee can advance to the second-year level of*

Dr. Moyer is senior vice president for professional and educational affairs at Conemaugh Valley Memorial Hospital, Johnstown. He is professor of medicine at Temple University School of Medicine and clinical professor at the Pennsylvania State University College of Medicine, Hershey. He was a member of the State Board of Medical Education and Licensure and is a member of the newly designated State Board of Medicine. *Parts I and II of this series, appeared in the April 1986 issue of* PENNSYLVANIA MEDICINE, *and Part III appeared in May 1986.*

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training or alternatively the trainee has successfully completed Part I and II of the national boards or the examination of the Medical Council of Canada.

FLEX II is the examination component of the FLEX which is designed to measure a core of competence involved in the diagnosis and management of selected clinical problems frequently encountered by a physician engaged in the independent practice of medicine. It *must be successfully completed before entering the third-year level of resident training* unless the resident has completed all three parts of the national boards or the Examination of the Medical Council of Canada.

Both components of the FLEX examination may be taken independently or simultaneously usually after graduation from medical college. In Pennsylvania, neither component may be taken prior to the last training period of the year of graduation from medical school, i.e., semester or trimester whichever is applicable, and the dean of the medical school must indicate that graduation is assured beyond reasonable doubt. This restriction is by request of the deans of the medical schools and has been established in board policy.

3. *National Boards*

The national boards is the examination of the National Board of Medical Examiners of the United States, Inc. (NBME). It is given in three parts. A passing score in all three parts has been endorsed by the State Board of Medicine as being equivalent to FLEX I and II.

4. *ECFMG*

The Educational Commission for Foreign Medical Graduates (ECFMG) is an independent organization which has accepted responsibility for administering the Foreign Medical Graduate Examination in the Medical Sciences (FMGEMS) in conjunction with the national boards and for validating the authenticity of the credentials of graduates of foreign medical schools who plan to apply for resident training in the United States. Upon validation of the credentials of a graduate of a medical school which is recognized by the country wherein the school is located and listed with the World Health Organization (WHO) and the graduate's satisfactory completion of the FMGEMS examination, the candidate is issued a temporary certificate allowing the candidate to enter into training. Within several months, a permanent certificate is issued.

5. *Examination of the Medical Council of Canada*

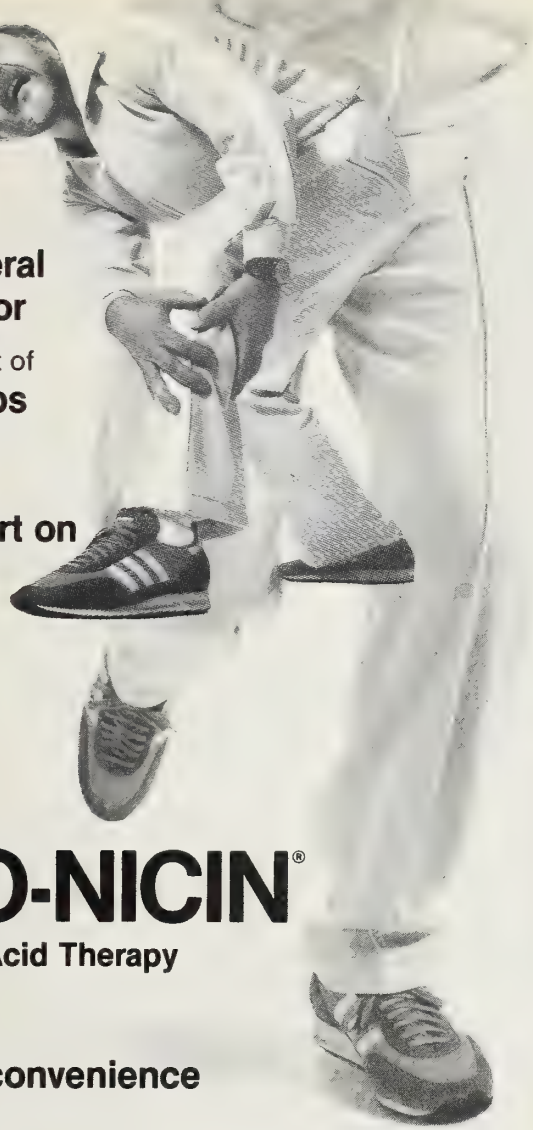
This is a national examination offered in Canada which has been endorsed by the State Board of Medicine as being equivalent to FLEX I and II. A passing score on this examination, as determined by the Medical Council of Canada, satisfies the examination requirement for a licensure without restriction if the examination was taken in English on or after May, 1970. This examination satisfies the requirement for advancement from the first year resident training to the second year level of training and also the graduate licensure requirement for advancement from the second-year level to the third-year level of training.

Residency training requirements for unrestricted licensure in Pennsylvania

Beginning with the class of residents entering training in Pennsylvania on July 1, 1987, graduates of medical schools in the United States approved by the Liaison Committee for Medical Education (LCME) and graduates of approved Canadian Medical Schools are required to take a minimum of two years resident training in a program approved by the Accreditation Council for Graduate Medical Education (ACGME) in order to qualify for licensure without restriction. Although only one year of residency training has been required previous to the Pennsylvania Medical Practice Act of 1985, nearly all candidates for licensure (98 percent throughout the United States) have completed three years or more in an approved program, so that this is not a serious consideration for permanent licensure without restriction for most applicants for licensure. However, the Act does increase the level of minimum requirement for licensure and thus increases the training requirement for the occasional physician who would not complete a resident training program. A major reason for the licensure requirement is that many trainees were "moonlighting" during off hours of their training programs after that first year. This was being done frequently in emergency rooms in remote sites without any supervision. Under these circumstances, more experience is deemed essential to maintain minimum standards of medical care. Also, physicians who entered practice after only one year of training were frequently the ones who drifted off into remote areas where minimal consultation is available and peer review is not possible. Therefore, the extension of the minimum training requirement seemed appropriate. Relative to this issue, a principle of licensure should be understood as it relates to training requirements, i.e., the licensure procedure establishes a minimum standard below which the applicants do not qualify and above which all applicants are licensed equally. Therefore, the law and its regulations must include the exception who would not meet minimum standards of capability without this additional training as well as the norm. It may appear unduly rigid that a superior physician graduate of an approved U.S. medical school cannot be licensed to do general practice in Pennsylvania after one year of training, but the facts are that some graduates are not yet ready to deliver unsupervised medical care in remote sites after only one year of graduate training. Since these few require additional training in order for the legislators and the State Board of Medicine to guarantee the citizens of Pennsylvania an acceptable standard of care by each physician granted an unrestricted license, the requirement for such training for the few exceptions must apply to all.

Each and every candidate must meet a minimum standard of capability.

Using this same reasoning, graduates of unaccredited medical schools (foreign medical schools) must complete an additional year of ACGME-training, i.e., three years, before being eligible for licensure without restriction in Pennsylvania, in order to guarantee the citizens a minimum standard of physician capability for all physicians being granted a license without restriction. This was a recommendation of the State Board of Medicine, the Pennsylvania Medical Society's Council on Education and Science, the Liaison Council for Internal Medicine of Pennsylvania, and a significant number of residency training program directors. The requirement of one additional year of training for graduates of foreign medical schools, as contrasted to graduates of U.S. medical schools, is an attempt by the legislators to equalize the basic level of medical knowledge and capability of foreign medical graduates with graduates of American medical schools and to insure



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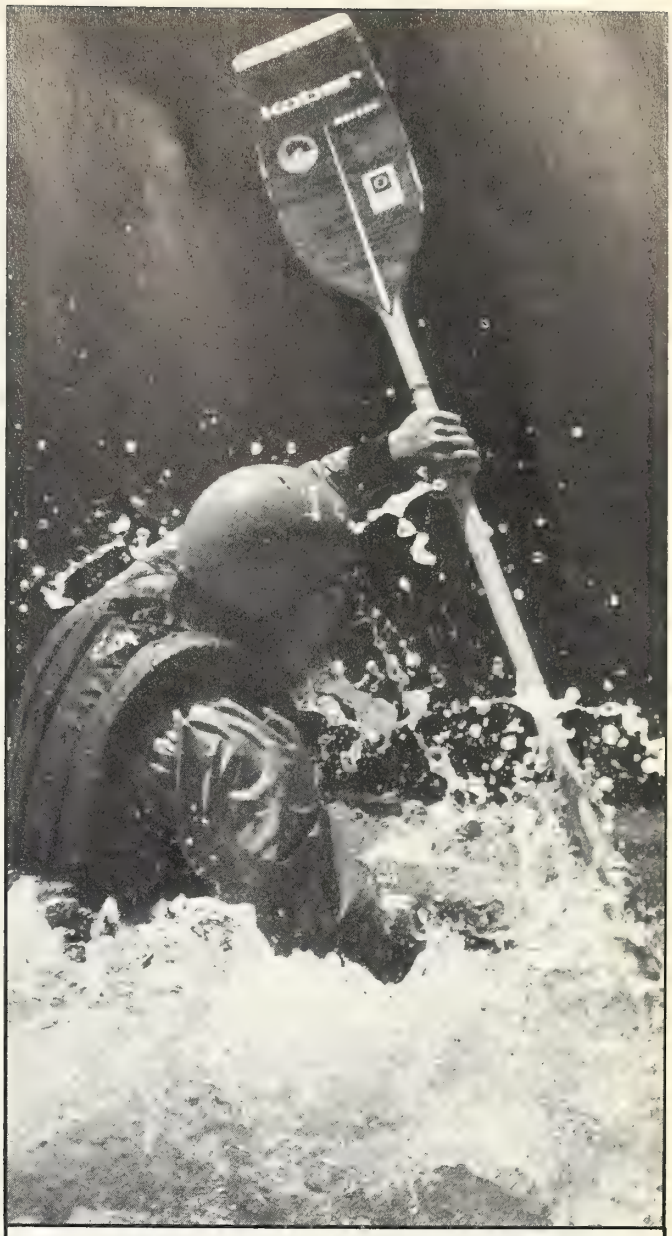

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the citizens that the licensee of an unaccredited school has had adequate training to render acceptable independent medical care. Since it was not possible in the past, nor will it be possible in the immediate future, to quantitate the quality of graduates on the basis of graduation from one foreign medical school or another, emphasis must be placed at this time on evaluation of the product, i.e., the graduates from these schools. The Pennsylvania Medical Practice Act of 1985 *now places a significant burden of responsibility on our resident program directors, who are responsible for training of these physicians and certifying them as to their capability for independent practice.* This approval process also is important for all physicians, because of the malpractice insurance premium burden, for if incapable physicians are approved for licensure, substandard care is sure to follow, and malpractice insurance premiums will rise for all physicians.

Graduate (training) license requirements

In order to enter an approved resident training program in Pennsylvania, the trainee must qualify for and be issued a graduate license. A graduate license empowers the licensee to participate for a period of 12 consecutive months in graduate medical training within the complex of the hospital to which the licensee is assigned and any satellite facility or other training locations utilized in the graduate training program.

Requirements—No graduate license may be issued unless the applicant has graduated and has received a medical degree from an accredited medical college or an unaccredited medical college (foreign medical school). A graduate license must also be obtained by any physician holding an unrestricted license in Pennsylvania before entering into an approved residency training program. It may also be issued to an applicant who holds the equivalent of a license without restriction granted by another state, territory or possession of the United States or the Dominion of Canada. The State Board of Medicine may extend the validity of a graduate license upon application and upon reappointment to an approved training program. In the event a graduate license holder qualifies for and is issued a license without restriction during his training period and wishes to continue graduate medical training, the licensee must continue his graduate license status. In accordance with proposed regulations, a trainee will have to have successfully completed both FLEX I and FLEX II examinations or National Boards Parts I, II and III before being issued a graduate license for the third-year level of training but will not have to have obtained a licensure without restriction nor be registered as a holder of a license without restriction. *An institution may require licensure without restriction for a third-year level training appointment, but this is not a State Board of Medicine requirement.*

Failure of the FLEX Examination

Retaking examination—An individual who fails either FLEX I or FLEX II is permitted to retake that component of the FLEX in this Commonwealth after six months and within two years from the prior examination date. If an individual fails to secure a passing grade on FLEX I in his second attempt, he must repeat a year of graduate medical training at a first-year level before retaking FLEX in this Commonwealth. If the individual fails to secure a passing grade on FLEX II in his second attempt, he must repeat a year of graduate medical training at a first or second-year level before retaking FLEX II in this Commonwealth.

Awaiting Examination Results—Effective July 1, 1986, if an individual scheduled to go into a second-year level of graduate medical training is awaiting his FLEX I score, he may not begin training at a second-year level until he has been notified that he has passed FLEX I, but he may continue to train at a first-year level until such time. If an individual scheduled to go into a third-year level of graduate medical training is awaiting his FLEX II score, he may not begin training at a third-year level until he has been notified that he has passed FLEX II, but he may continue to train at a first or second-year level until such time.

Author's Comment: Residents should be encouraged to take the appropriate examination in November (or before) of their first year of training so as to avoid a delay in training. If this is done, delay in advancement the following July to the next year level of training should never be encountered, unless the applicant fails the examination on the first try.

Additional Requirements for a Foreign Medical Graduate

Before a graduate of a foreign medical school may enter into a resident-training program, he must have graduated from a school listed by the foreign country in WHO and recognized as a medical school in that country.

In addition, the applicant also must be certified by the Educational Commission for Foreign Medical Graduates (ECFMG) and must have successfully completed the foreign medical graduate examination in the medical sciences (FMGEMS). Certification by the ECFMG implies: (1) satisfactory completion of the examination and (2) the validity of the student's graduation from a medical school recognized by that country and that the credentials of the physician are valid.

The ECFMG certification mechanism became effective on March 25, 1958. In part, the ECFMG certification process is designed to test whether a graduate of an unaccredited medical college has acquired sufficient medical knowledge to participate in graduate medical training in United States hospitals, and whether a person who has graduated from an unaccredited medical college and whose principal language is not English has mastered the English language to such an extent that he or she has achieved the communication skills necessary to participate in graduate medical training in United States hospitals. The board recognizes that there are some medical doctors who graduated from unaccredited medical colleges prior to the establishment of the ECFMG certification process and who have not received ECFMG certification but have, nevertheless, been licensed as medical doctors prior to March 25, 1958, in other states and territories of the United States. Therefore, the State Board of Medicine has established by policy and regulation that if, prior to March 25, 1958, a graduate of an unaccredited medical college secured a license to practice medicine and surgery without restriction in any of the states and territories of the United States, and has successfully completed three years of ACGME-approved graduate medical training, the State Board of Medicine will endorse these qualifications as equivalent to the ECFMG certification requirement for graduate training licensure or licensure without restriction.

The ECFMG goes to great lengths to verify the validity of each of the physicians which they approved as having

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satisfactorily completed their requirements. There have been many rejections when validity of the credentials has been in question and, in fact, there have been a significant number of decertifications months or even years following approval when additional information is brought to bear raising a question as to the validity of the credentials that were previously submitted to the ECFMG. For example, at least one entire class of examinations was rejected, requiring re-examination of some 7,000 candidates, because of cheating during the examination. In a report issued by the ECFMG in December 1985 regarding a review of the Dominican Republic graduates, 26 ECFMG certificates were revoked and 18 were surrendered when the graduates were notified of discrepancies.

Some indication of the magnitude of the resident training problem was reviewed by Jocott of the Federation of State Medical Boards who stated at the annual meeting of the federation that in 1985, 9,000 applicants from outside the United States applied for first-year residency training positions in the United States. There were approximately 20,000 ACGME-approved first-year resident training positions available of which 16,000 were filled by American students, leaving 4,000 for foreign medical graduates. In 1985, then, 5,000 foreign medical graduates were without training positions or the capability of ever becoming licensed in the United States. It was furthur noted that currently 20,000 to 30,000 United States native students are enrolled in Caribbean medical schools and most of them plan to return to the United States for graduate training. There will be only several thousand positions available at the most. In addition, thousands of both U.S. nationals and foreign nationals never become eligible to qualify for residency training in the United States because they cannot be certified by the ECFMG because they are unable to pass the qualifying examination (FMGEMS). The magnitude of the failure rate is evident in Figure 1, from the *ABMS Record*, May 1986. As of September 1984, there were 75,125 residents on duty in the United States of whom 13,525 were foreign nationals graduating from foreign medical schools and 7,386 were U.S. nationals graduating from foreign medical schools. This shows that the decrease in foreign nationals in residency training in the United States largely has been made up by U.S. Nationals who studied abroad, mostly in medical schools located in the Caribbean basin (*ABMS Record*, December 1985).

It should be noted that the FLEX examination becomes critical for the foreign medical graduate, since it is the only route for cognitive evaluation and thus the only route for licensure examination of either a U.S. national or foreign national. Since a resident trainee who is an FMG must complete FLEX I before being eligible to advance to the second-year level of training, he will have to make up for the deficiencies in his training in the school from which he graduated during the first year of residency training in order to advance to the second-year level of training, and this must be in an ACGME-approved program.

Figure 1

RESULTS FOR THE FOREIGN MEDICAL GRADUATE EXAMINATION IN THE MEDICAL SCIENCES OFFERED BY THE ECFMG
(All Taken July 1984 through January 1986)*

	U.S. Nationals		*Foreign Nationals*	
	Number	*%*	*Number*	*%*
Total Taking Examination	4,569	100	21,958	100
Taking Examination				
First Time	467	11.8	8,530	38.1
Number Passing	92	19.7	2,272	26.6
Repeaters	4,102	88.2	13,428	61.9
Number Passing	114	2.8	1,431	10.7

Candidates may have taken the examination more than once during this period. Only those candidates are included who took both days of the examination at the same sitting.

*From *ABMS Record*, May 1986

The resident training program director who accepts such trainees has responsibility as an advisor to assist his resident in meeting this requirement and to comply with the spirit of the law and not "hide" such residents in unauthorized training positions nor use them as "unlicensed cheap labor." No one knows (including the Pennsylvania State Board of Medicine) how many thousands of foreign medical graduates are serving in this unlicensed capacity in the United States or in Pennsylvania specifically. By estimate of the executive director of the federation, the number is between 20,000 and 50,000 throughout the United States and many of these are practicing medicine without a license because they have not been able to pass the licensure examination.

The program director has an additional responsibility of determining that the trainee is clinically competent so as not to jeopardize the health and welfare of the patients for which the trainee is responsible. This cannot be measured by written examination alone and must be evaluated by "hands on" performance. *Incapable residents should be dropped from the program in order to make room for more potentially capable physicians who will otherwise never be licensed to practice medicine.* It is important that all who are U.S. citizens and candidates for foreign medical schools are made aware of these requirements and the hazardous situation before they enter into foreign medical schools which are deficient in their educational capabilities.

The Pennsylvania Medical Practice Act of 1985 includes a provision that if a graduate of an unaccredited medical college, who does not possess all of the qualifications for the issuance of a graduate license but desires to train in a hospital within this Commonwealth in an area of advanced medical training, may have the unmet qualifications waived by the State Board of Medicine; but the State Board of Medicine must, by law, first determine that the applicant possesses the technical skills and educational background to participate in such training and that its issuance is beneficial to the health, safety and welfare of the general public of this Commonwealth which is difficult to justify in the case of an untried trainee.

Training in federal government installations

At this time, training in federal gov-

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Wednesday, October 29, 1986

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November 5 or 6, 1986

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Saturday and Sunday
November 8 and 9, 1986

Update in Pediatrics
Thursday, November 13, 1986

Advanced Trauma Life Support Provider Course
Friday and Saturday
November 14 and 15, 1986

Advanced Traume Life Support Instructor Course
Friday-Sunday
December 5-7, 1986

Advanced Trauma Life Support Provider Course
Friday and Saturday
January 9 and 10, 1987

12th Annual Concepts in Clinical Practice
Saturday and Sunday
February 14 and 15, 1987
Sheraton Inn, Danville

Second Annual Timely Topics in Internal Medicine
Wednesday-Friday
February 25-27, 1987
Seven Springs Resort, Champion, PA

Advanced Trauma Life Support Provider Course
Friday and Saturday
March 13 and 14, 1987

Topics in Dentistry
Wednesday, March 18, 1987

Physician Office Lab
Wednesday or Thursday
April 1 or 2, 1987

Second Annual Horizons in Cardiac Rehabilition
Friday and Saturday
April 10 and 11, 1987
Sheraton Inn, Danville

Advances in Dermatology
Wednesday, April 15, 1987

Update in Otolaryngology
Thursday, April 16, 1987

Annual Sight Loss Support Group and Visual Rehabilitation Conference
Wednesday, May 6, 1987
Sheraton Inn, Danville

First Annual Summer Update in Clinical Medicine
Wednesday-Friday
June 17-19, 1987
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September 11 and 12, 1987

Advanced Trauma Life Support Provider Course
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ernment installations is exempt from licensure requirements. According to the State Board of Medicine's interpretation of federal regulations, when a physician is accepted in a residency program at a non-Veterans Administration (VA) facility and rotates through a VA hospital for training, a graduate certificate *is* required; but when a physician is accepted in a residency program in a VA hospital or other federal facility and functions solely within the physical confines of the VA hospital and/or other federal facility, a graduate training license *is not* required.

If a physician is accepted in a residency program in a VA hospital and does rotations in a non-VA or other nonfederal facility as part of the residency program, the State Board of Medicine shall request the responsible official of the VA to advise whether the trainee will be performing official federal duties while he is training and practicing outside a federal facility. If the answer is yes, the trainee shall be considered exempt from Pennsylvania licensure and insurance requirements. If the answer is no, the trainee must obtain a graduate license.

Rotation to another institution

A resident may rotate to another approved training hospital to complete part of his training program. In this event, the hospital which received approval to conduct an accredited residency program will be considered the training facility, when a request for approval to train is received by the State Board of Medicine, rather than the hospital in which the rotation takes place.

When the hospital which receives approval to conduct an accredited residency program is located outside of Pennsylvania and the hospital to which the resident is to rotate is located in Pennsylvania, the resident must register in Pennsylvania, and he must meet all Pennsylvania licensure requirements.

Interim limited license

A person who holds a graduate license is limited to providing medical services embraced within the graduate medical training program in which he is participating, *unless that person also holds an interim license* or other license issued by the State Board of Medicine.

An interim license empowers the licensee to provide medical service other than at the training location of the licensee's approved graduate training program for a period of up to 12 consecutive months while in training under a graduate license and is available for *graduates of U.S. medical schools only.*

Extensions—The State Board of Medicine, upon application when such action is warranted, may extend the validity of an interim limited license for a period of up to 12 additional consecutive months, but in no event shall the extension be for a greater period of time and for no more than two years in total.

The interim limited license applies only to United States graduates entering into resident training subsequent to June 30, 1987. To qualify for an interim limited license, in accordance with the Pennsylvania Medical Practice Act and regulations under development so as to comply with the Act, an applicant must satisfy all of the following:

1. Be a graduate of *an accredited medical college,* i.e., U.S. medical school graduate.
2. Hold a valid graduate training license.
3. Have successfully completed a year of graduate medical training.
4. Have passed FLEX I and II or National Boards Part I, II and III.
5. Provide a written statement to the State Board of Medicine of the medical services to be provided beyond the parameters of the graduate medical training program.
6. Have the written approval of the director of the graduate medical training program to provide the enumerated services submitted to the State Board of Medicine with the interim limited license application.
7. Present evidence of having made arrangements for professional liability insurance coverage in accordance with the Health Care Services Malpractice Act.
8. Satisfy the qualifications relating to general qualifications for licenses, certificates and registrations.
9. Be evaluated by the State Board of Medicine as having received ample education and training to perform the specified medical services.

Quality control of residency training programs

The Pennsylvania Medical Practice Act of 1985 mandates that the State Board of Medicine assume responsibility for the quality of graduate training programs in Pennsylvania.

Graduate education is defined by the Accreditation Council for Graduate Medical Education (ACGME) as follows: "*Graduate training* refers to the various recognized plans of training which lead to qualification in a specialty. *Postgraduate training,* in contrast, refers to formally organized shorter courses offered by medical schools, hospitals, clinics, and medical organizations which provide advanced instruction in a limited field, primarily designed for physicians in practice. The process of certification provides assurance to the public that a certified specialist has successfully completed an appropriate course of training and has acquired the knowledge, experience and skills requisite to the delivery of the best possible care in a defined discipline (*1986-87 Directory of Residency Training Programs,* American Medical Association, Chicago, IL). Presently the council has approved 24 specialties for residencies in graduate training (Figure 2) and subsequent State Board of Medicine recognition as a member Board of the American Board of Medical Specialties.

Author's Comment: For these purposes, family practice is considered a specialty.

The ACGME and the respective Resi-

Figure 2

RESIDENCY TRAINING PROGRAMS APPROVED BY THE ACGME*

Allergy & Immunology	Neurology	Physical Medicine & Rehabilitation
Anesthesiology	Nuclear Medicine	Plastic Surgery
Colon & Rectal Surgery	Obstetrics-Gynecology	Preventive Medicine
Dermatology	Ophthalmology	Psychiatry
Emergency Medicine	Orthopaedic Surgery	Radiology
Family Practice	Otolaryngology	Surgery
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ABMS Record, April 1986

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dency Review Committees require that each residency training program is organized and directed by a program director who has a staff responsible for the education, training, and supervision of the residents. Resident training is an institutional responsibility and each institution is responsible for providing sufficient resources and assuring supervision for the proper conduct of its programs. *The preceptor apprentice concept of the past is no longer acceptable.*

During the graduate phase of their education, most residents, in addition to attaining the knowledge and skills needed to be practitioners of the specialty, seek to complete training requirements for certification by a specialty board. Each board requires that graduate medical education be obtained in a program reviewed and approved by the Residency Review Committee (RRC) for that specialty under the authority of the Accreditation Council for Graduate Medical Education (ACGME). Represented on the council are:

1. American Board of Medical Specialties
2. American Hospital Association
3. American Medical Association
4. Association of American Medical Colleges
5. Council of Medical Specialty Societies
6. A resident representative, a federal representative, and a public representative.

The process of accreditation assures medical students, residents, specialty boards, and the public that training programs are in essential compliance with published standards. *To be approved and accredited, graduate medical education programs must meet the general requirements for graduate medical education and the special requirements for a specialty and be sponsored by an institution.* The published *Special and General Requirements* are the standards against which programs are judged by Residency Review Committees (RRCs) in each specialty, and the Accreditation Council for Graduate Medical Education (ACGME) in the process of review, approval, and accreditation. In 1985, there was a total of 74,500 residents in training in 4,500 programs of all specialties. The ACGME acted on 2,423 recommendations of the various residency review committees and approved adverse decisions in 19 percent of the actions taken (*ABMS Record*, April 1986).

The State Board of Medicine has accepted the quality control surveillance rendered by the ACGME. Since the Pennsylvania board has endorsed the ACGME as the accrediting agency acting for the board, actions taken by the ACGME regarding resident training programs in Pennsylvania were accepted by the board as valid. However, this endorsement is not without continuing monitoring by the State Board of Medicine. It became evident several years after the enactment of the Pennsylvania Medical Practice Act of 1974 that the Residency Review Committee in Surgery by pronouncement of its members at professional meetings would utilize the residency review process to reduce the number of general surgeons being trained and thus reduce manpower in that specialty. A number of institutions challenged this process and appealed the disapproval of their programs. In a number of instances, the decision of the Residency Review Committee was reversed, resulting in reapproval of the programs through the appeal process. Obviously, it is difficult to discern rejection of a program on the basis of inadequacies which are valid, as contrasted to rejection on the basis of reduction of the number of programs. This is true especially in community hospitals, which find it difficult to maintain such requirements as research activities and the general requirement of "a scholarly environment" set by Residency Review Committees which are dominated by university medical school faculties.

The State Board of Medicine has taken the following position, which was made known to the Accreditation Council for Graduate Medical Education (ACGME) as well as to the legislature.

State Board of Medicine Resolution of October 28, 1983

The following is a paraphrasing of the Resolution of the State Board of Medicine stating the purpose of residency accreditation is to maintain quality, not manpower control:

Since the State Board of Medicine has been given the responsibility for maintaining the quality of medical care rendered by physicians licensed in the Commonwealth; and

Since this includes responsibility for surveillance of the graduate medical education programs in the Commonwealth; and

Since these responsibilities relate to the quality of medical care provided in the Commonwealth and not to the number of physicians practicing in the Commonwealth or the number of physicians who practice in any particular medical specialty; and

Since the State Board of Medicine is not statutorily vested with the responsibility of regulating the number of physicians who practice in the Commonwealth, nor is it vested with the responsibility of regulating the number of physicians who practice in any particular medical specialty within the Commonwealth; and

Since the State Board of Medicine recognizes that regulating the number of physicians who practice in the Commonwealth, and the number of physicians who practice in medical specialties within the Commonwealth is properly within the Legislature's domain.

Therefore, *the State Board of Medicine will not attempt to regulate the number of physicians practicing in this commonwealth in primary care or in the various specialties of medicine and surgery; and further, the State Board of Medicine will not support, and, to the contrary, will affirmatively oppose, any action taken by a private accrediting body, be it the ACGME or any other body, which appears to have been taken for the purpose of regulating the number of physicians who practice in this Commonwealth, or for the purpose of regulating the number of physicians who practice in a medical specialty in this Commonwealth, by reducing the number of graduate medical education programs, or by reducing the number of positions in graduate medical education programs, or by any other action.*

Author's Comment: The Pennsylvania Medical Practice Act of 1985 is essentially the same regarding graduate medical education as the Act of 1974, giving the regulatory responsibility of resident education to the State Board of Medicine with the option of using an independent agency, such as the ACGME for quality review of residency training programs in this state at the discretion of the State Board of Medicine.

Should the question of due process arise, the program directors and the institutions which they serve have the option of requesting assistance of the board as outlined below. It should be noted that *the position of the State Board of Medicine is to guarantee due process and to guarantee that the review process is utilized so as to main-*

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tain training standards for quality audit of the education process and not manpower control.

The following policies have been adopted by the State Board of Medicine to insure due process and objective evaluation of residency training programs in Pennsylvania.

1. A residency must take place in a hospital which is acceptable to the State Board of Medicine for providing supervised graduate medical training. Hospitals conducting or applying for approved residency programs must be accredited by the Joint Commission on Accreditation of Hospitals. This implies that the hospital must be properly organized, staffed and equipped and that its activities are conducted primarily for the welfare of the patient. While the educational program is supplementary to the primary purpose of the hospital, i.e., the care and management of patients, it is directly related to improving the quality of medical care offered.

2. For the purpose of approving resident training programs, the State Board of Medicine accepts the accreditation recommendations of the Accreditation Council on Graduate Medical Education (ACGME). Those training programs which are accredited by the ACGME are listed in the 1986-87 *Directory of Residency Training Programs.*

3. If the State Board of Medicine office becomes aware that a training program is in violation of standards administered by the State Board of Medicine, a notice of the violation is sent to the accrediting agency. If violations continue, the State Board of Medicine may reevaluate the approval of the program irrespective of whether the program continues to be accredited by the ACGME.

4. The ACGME provides the State Board of Medicine with an advance notice of scheduled visits to training programs which are accredited or which are applying for accreditation. Then the members of the state board are notified of these visits at the monthly meeting of the State Board of Medicine. *There is no required State Board of Medicine representation at on-site visits,* but a representative of the State Board of Medicine may attend at the initiative of the Board or at the initiative of a State Board of Medicine member, or if *requested by the residency program director* or the ACGME or the Residency Review Committee (See more detailed description under Board Participation in Residency Program Reviews).

5. Immediately upon receiving an accreditation decision by the ACGME, hospitals have the affirmative duty to notify the State Board of Medicine when graduate training programs are approved, probationed, or disapproved by Residency Review Committees and/or the ACGME.

6. *Residency Program Affiliations:* An affiliation occurs when two or more fully accredited health care institutions legally unite by an agreement of affiliation which is conceived to enhance the potential of all participants in the provision of medical education and health care related thereto. The State Board of Medicine requires the following:

a. A list of hospital affiliations indicating with which medical colleges, or other health care institutions accredited for educational purposes, a hospital has working arrangements and whether or not the affiliation is a comprehensive one or is limited to specific departments.

b. A general description of the implementation of the affiliation agreement and the working relationships of the institutions involved.

c. Copies of all affiliation agreements.

The State Board of Medicine must be notified by the hospitals when said affiliations are discontinued.

Board participation in residency program reviews

1. A member of the State Board of Medicine or board designee may be present during a site visit survey of a residency program by any Residency Review Committee (RRC) of the Accreditation Council on Graduate Medical Education. The State Board of Medicine may provide, at the request of either the ACGME or a residency program under review, a consultant to attend the site survey or participate in the reconsideration or appeal phase of the review procedure when a residency program has received an adverse accreditation decision and chooses to seek review of that decision.

2. *Review of Adverse Accreditation Decisions—Role of Board*

a. If a residency program receives an adverse accreditation decision, the director of the program may request the State Board of Medicine to review the program and to assist it in having the decision reevaluated.

b. When the State Board of Medicine receives a request of this nature, the director of the residency program must provide the State Board of Medicine with the program's application for accreditation with all correspondence between it and the accrediting body pertaining to the review of the program's accreditation status and with all future correspondence of a similar nature relating to the current review. It is preferable and to the program's advantage to have requested the State Board of Medicine's involvement prior to the site survey in adequate time so that the State Board of Medicine's site survey representative will have had a copy of the material well in advance of the survey. *The primary objective of the state board's participation is to guarantee fair and due process, not to support a reasonable adverse decision.*

c. To assist its review and evaluation of the residency programs, the state board secures the assistance of consultants in the specialty under review, each of whom shall have expertise in the standards required for acceptable residency programs in that specialty. By board policy, the program is reviewed by two consultants. A roster of consultants for each specialty is maintained in the board's administrative offices.

d. The administrative secretary of the State Board of Medicine forwards to the two consultants all material provided to the board by the program director. Since the review of the two consultants may take place after the program has received an adverse accreditation decision, and, therefore, after the program has been surveyed, each consultant is advised that it is a matter of discretion whether or not to conduct another site survey. The consultant also is advised to forward a written report of the evaluation to the State Board of Medicine within 60 days of the assignment.

e. The focus of the State Board of Medicine's review is to (1) determine whether the review process provided by the private accrediting body is consistent with due process principles and (2) determine whether the program has satisfied the standards for an acceptable residency program in the medical specialty offered by the program.

f. A representative of the State Board of Medicine (including consultants) may participate in the hearings related to the appeal upon request of the program director and as deemed ap-

propriate by the board or by the board chairman when acting for the board.

g. After the state board has completed its review, it shall take action to insure due process, to protect the health, safety, and welfare of the general public, and to ensure that only medical education of an acceptable standard is offered in the Commonwealth. *It is neither the responsibility nor the policy of the State Board of Medicine to advocate the interests of a specific residency program or the position of a private accrediting body.*

Summary and conclusions

1. Recommendations from the Federation of State Medical Boards of the United States, Inc. regarding graduate medical education licensure have been summarized. The provisions for surveillance of graduate medical education in Pennsylvania, as contained in the Pennsylvania Medical Practice Act of 1985, have been discussed in light of the recommendations of the federation. The Pennsylvania Medical Practice Act of 1985 is in general compliance with the recommendations of the federation.

2. Resident training in an ACGME-approved program is required in order to qualify for an unrestricted license in Pennsylvania. At least two years of training for a graduate of an American medical school (LCME-approved) is required for a candidate to qualify for licensure and a minimum of three years in an ACGME-approved residency training program is required of a graduate of a foreign medical school (non-accredited), whether a foreign national or a U.S. national.

3. When a candidate enters a resident training program, a graduate (training) license is required. The candidate for a graduate license should meet all of the requirements of an unrestricted license except for graduate training and successful completion of the medical licensure examination (FLEX Examination).

4. Through the surveillance of graduate training and the issuance of a license to practice medicine, the State Board of Medicine is charged by the legislature with responsibility for maintaining minimum standards of physician services as well as the quality of resident training programs.

5. There are many more applicants for resident training positions from graduates of foreign medical schools than there are training positions in the United States. It is estimated that in 1985, there were approximately 5,000 more applicants from that year's class of graduates from foreign medical schools than there were first-year resident training positions in the United States. Despite this discrepancy, it is essential that the State Board of Medicine maintain adequate standards of training so that the citizens are guaranteed an acceptable level of medical care by each physician licensed in Pennsylvania.

6. Resident training programs may be reviewed whenever the State Board of Medicine determines that review is appropriate. Upon request of a resident training program director, the state board will routinely furnish consultant reviewers in that specialty. The purpose of such review is to guarantee fair and due process but not to support a reasonable adverse decision. It is the policy of the State Board of Medicine that the purpose of resident program accreditation is for control of the quality of the educational process and not for manpower control. □

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physicians in the news

Morton M. Kligerman, MD, Philadelphia, received Temple University School of Medicine's 1986 Distinguished Alumni Achievement Award for Radiological Sciences. Dr. Kligerman is professor of radiation therapy and Henry K. Pancoast Professor of Research Oncology at the University of Pennsylvania School of Medicine. He was honored for his contributions to the field of radiation therapy.

Lewis D. Polk, MD, MPH, has been appointed health director for Bucks County. Dr. Polk has served as health commissioner for Philadelphia and as deputy health commissioner in the Philadelphia Department of Public Health. He succeeds **Edmund Lindemuth, MD.**

Lila Stein Kroser, MD, Bustleton, recently received several honors. Temple University awarded her its College of Arts and Sciences 1986 Alumnae Certificate of Honor. The American Medical Women's Association nominated Dr. Kroser to appear in the publication "America's New Women Entrepreneurs: Tips, Tactics, and Techniques of Women in Business," published by the National Women's Economic Alliance. Dr. Kroser is clinical instructor in community and preventive medicine at the Medical College of Pennsylvania.

The American College of Radiology has chosen **Simon Kramer, MD,** Philadelphia, to be one of four recipients of its Gold Medal award. Dr. Kramer is distinguished professor of radiation therapy and nuclear medicine at Jefferson Medical College and a member of the medical staff of Thomas Jefferson University Hospital.

Robert B. Zurier, MD, has received a Guggenheim Fellowship. Dr. Zurier is professor of medicine at the University of Pennsylvania School of Medicine and chief of the rheumatology section at the Hospital of the University of Pennsylvania.

Two Pennsylvania physicians who are fellows of the American College of Cardiology have been appointed to serve on the organization's Board of Governors for three-year terms. They are: **William S. Frankl, MD,** Philadelphia, and **Donald F. Leon, MD,** Pittsburgh.

T. Forrest Fisher, MD, recently was installed as president of the American Occupational Medical Association. Dr. Fisher is general manager of health services for United States Steel Corporation in Pittsburgh.

Albert M. Kligman, MD, PhD, Philadelphia, was honored by his colleagues at the University of Pennsylvania School of Medicine for 35 years of service to the school and as attending physician at the Hospital of the University of Pennsylvania. Dr. Kligman is professor of dermatology.

Bernard Fisher, MD, has been appointed Distinguished Service Professor of Surgery at University of Pittsburgh. The distinguished service professorship was established to recognize faculty members who have outstanding records of service in their respective fields, university officials said. Currently, 11 of the 2,400 University members have been given this honor.

Dr. Fisher devoted his career to cancer research. Clinical investigations he conducted led to the view of cancer as a systemic disease rather than a regional disease, and demonstrated that use of chemotherapy after surgery can reduce chances of recurrence of the disease.

Dr. Fisher received his medical degree from the University of Pittsburgh. After completing postgraduate training at the University of Pennsylvania and Hammersmith Hospital in London, he returned to the University of Pittsburgh as a full-time faculty member. He has been chairman of the National Surgical Adjuvant Breast and Bowel Project since 1967. He has been a member of the President's Cancer Panel, and has served on committees of the National Cancer Institute of the National Institutes of Health.

Howard G. Hughes, MD, Danville, has been named executive director of the Geisinger Health Plan, a health maintenance organization licensed in March 1985. Dr. Hughes is Board certified in emergency medicine and internal medicine.

Ralph C. Eagle Jr., MD, Rose Valley, has been appointed director of pathology at Wills Eye Hospital. Dr. Eagle is assistant professor of ophthalmology at the University of Pennsylvania School of Medicine and attending ophthalmologist at Philadelphia Veterans Administration Medical Center.

Cyril H. Wecht, MD, JD, Pittsburgh, was elected chairman of the American Board of Law in Medicine at the organization's annual meeting. Dr. Wecht is a past president of the American College of Legal Medicine and the American Academy of Forensic Sciences. He is clinical adjunct professor of pathology at the University of Pittsburgh and adjunct professor of law at Duquesne University.

Thorir D. Bjornsson, MD, has been appointed professor of medicine and director of the division of clinical pharmacology at Jefferson Medical College and a member of the medical staff of Thomas Jefferson University Hospital. Dr. Bjornsson comes to Jefferson from Duke University Medical Center.

William S. Pierce, MD, the inventor of the Penn State Artificial Heart, has been named Jane A. Fetter Professor of Surgery at the Pennsylvania State University College of Medicine, Hershey.

John M. Daly, MD, Haverford, has been appointed to the National Board of Medical Examiners Surgery Test Committee. Dr. Daly is professor of surgery and chief of the division of surgical oncology at the Hospital of the University of Pennsylvania.

Edward J. Stemmler, MD, Merion Station, delivered the keynote address at the commencement of Rush University in Chicago. At the commencement ceremony, Dr. Stemmler, dean of the University of Pennsylvania School of Medicine, received an honorary doctor of humane letters degree.

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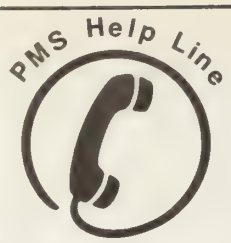

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obituaries

•Denotes PMS membership at death.

• **Samuel S. Brenner, Jr.**, Sayre; University of Rochester School of Medicine and Dentistry, 1953; age 60, died May 17, 1986. Dr. Brenner maintained a general practice in Sayre for 32 years.

• **Herman Finkelstein**, Fort Lauderdale, Florida; Jefferson Medical College, 1932; age 78, died May 10, 1986. Dr. Finkelstein, who specialized in internal medicine and cardiology in Williamsport, was a past president of Lycoming County Medical Society.

• **Richard N. Freda**, Indiana; University of Pennsylvania School of Medicine, 1961; died May 31, 1986. Dr. Freda specialized in obstetrics and gynecology.

• **Harry B. Fuller**, Irwin; University of Pennsylvania School of Medicine, 1926; age 91, died May 5, 1986. Dr. Fuller was a general practitioner in Lansdown for over 40 years.

• **James H. Robinson**, Havertown; University of Pennsylvania School of Medicine, 1953; age 59, died June 6, 1986. Dr. Robinson was associate dean of student affairs and clinical professor of surgery at Jefferson Medical College.

• **William A. Steinbach**, Waverly; Jefferson Medical College, 1959; age 48, died May 8, 1986. Dr. Steinbach was chief of the department of surgery at Community Medical Center, Scranton.

• **James L. R. Young**, Lancaster; University of Pennsylvania School of Medicine, 1925; age 88, died May 6, 1986. Dr. Young was a retired surgeon and a former medical missionary to China.

William J. Rashkind, Merion; University of Louisville School of Medicine, 1946; age 64, died July 6, 1986. Dr. Rashkind was director of the division of cardiology at the Children's Hospital of Philadelphia and professor of pediatrics at the University of Pennsylvania.

Helen Brooke Taussig, Kennett Square; Johns Hopkins University School of Medicine, 1920; age 87, died May 20, 1986. Dr. Taussig, a pediatric cardiologist, developed an operation to treat congenital heart defects.

Kenneth H. Williams, Wyomissing; University of Louisville School of Medicine, 1963; age 48, died April 15, 1986. Dr. Williams formerly served in the departments of internal medicine and psychiatry at the University of Pittsburgh School of Medicine.

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Hyperthermia in cancer treatment

George A. Alexander, MD
David J. Moylan III, MD

According to American Cancer Society estimates, in 1985, 56,000 new cancers (excluding carcinoma in situ and non-melanoma skin cancers) were diagnosed in the Commonwealth of Pennsylvania and 28,200 persons have died of the disease.[1] About 50-60 percent of Pennsylvanians with newly diagnosed cancer will receive radiotherapy at some time during their disease, and nearly 25 percent of people with new cancers will receive radiotherapy alone or in combination with surgery or chemotherapy as the primary treatment with curative intent.

The failure of conventional radiotherapy to control some cancers is attributed most commonly to the presence of viable hypoxic tumor cells. Peters et al.[2] have recently discussed the problem of tumor resistance in clinical radiotherapy. With approximately 30 percent of U.S. cancer deaths attributable to local failure of all treatment modalities,[3] the need to increase the effectiveness of radiotherapy by new therapeutic approaches is readily apparent.

Although the history of therapeutic heating dates back as early as 400 B.C., the first documented report that elevated temperatures might be useful in cancer treatment is ascribed to Busch,[4] who in 1866 noted the disappearance of sarcoma of the face after high fever caused by erysipelas. In 1893, Coley[5] described the treatment of malignant tumors by repeated infection of patients with erysipelas. He later introduced injecting patients with bacterial toxins deliberately to cause fever.[6] In the early 1900s there were many reports of applied heating to treat cancer. However, interest in hyperthermia declined in the 1930s.

The heat for thermal therapy can be generated by three methods—microwaves, radiofrequency currents, and ultrasound. Each method has physical characteristics which make it ideal for particular anatomic locations. Microwaves are well suited for relatively superficial tumors. Radiofrequency is of value in those clinical situations where tumors are accessible through body cavities. Ultrasound can be applied to deeper tumors, so long as there are no tissue-air or tissue-bone interfaces within the treatment volume. Therefore, the size, depth, and location of a tumor are important factors in determining which method may be most effective. In hyperthermia, therapeutic temperatures in the range of 42.5 to 45.0 degrees C are employed for localized human tumors.

During the past two decades, there has been resurgence of interest in the use of heat to treat cancer. Since 1979, clinical studies of hyperthermia combined with ionizing radiation have been carried out at Thomas Jefferson University Hospital. The purpose of this paper is to discuss briefly the rationale for hyperthermia combined with radiation therapy, some technical aspects, and clinical experience with local microwave hyperthermia.

Rationale

There is extensive evidence from cellular radiobiological studies[7-10] and preliminary clinical studies[11-13] that suggests hyperthermia combined with radiation has an enhanced tumoricidal effect. Hyperthermia may be more damaging to tumors than to normal tissues, because of impaired blood flow, some tumors during heating become hotter than surrounding normal tissues. Tumor cells may be inherently more sensitive to heat than normal cells. Also, the poor nutritional state and low pH in tumors make neoplastic cells heat sensitive. Cells in "S" phase of the cell cycle generally are less responsive to ionizing radiation but more sensitive to heat, so that these two treatments may complement each other.

Microwave heating techniques

Since 1979, local microwave heating has been the main treatment modality for clinical hyperthermia at Thomas Jefferson University Hospital. Microwave radiation denotes that part of the electromagnetic spectrum between 300 MHz and 300 GHz. In our clinic, we routinely employ 915 or 2450 MHz microwaves. Rectangular or square waveguide applicators of various sizes are used and placed in direct contact with the tumor to be heated. These applicators localize the heat directly to the tumor. The size, location, and depth of tumor determine the frequency (915 or 2450 MHz) and applicator size employed.

Recently, we have expanded our pro-

Table 1
Results of Combined Hyperthermia and Radiation by Tumor Histology

tumor histology	number of lesions	response CR	PR	M/NR
adenocarcinoma	71	24 (38%)	29 (45%)	11 (17%)
squamous cell	56	11 (23%)	28 (58%)	9 (19%)
melanoma	41	11 (28%)	21 (53%)	8 (20%)
miscellaneous	43	9 (22%)	15 (37%)	17 (41%)
overall	211	55 (28%)	93 (48%)	45 (23%)

CR, complete response; PR, partial response; M/NR, minimal or no response.

The authors are associated with Thomas Jefferson University Hospital. Both are assistant professors in the department of radiation therapy and nuclear medicine.

gram to include interstitial hyperthermia utilizing microwave energy deposited along coaxial antennae which are inserted into tissues as implants or into a body cavity. This technique allows the delivery of heat to deeply situated tumors. Moreover, heating may be produced with low levels of microwave power directly at the site of interest without affecting overlying normal tissues. The advantages of interstitial hyperthermia include more uniform heating within the implanted volume, more accurate temperature measurement, less harm to normal tissues, and greater suitability for both superficial and deep-seated tumors (through intraoperative implantation).[14] The results of recent clinical studies employing interstitial hyperthermia and radiotherapy have been encouraging.[15,16]

Clinical experience

Since the inception of the clinical hyperthermia program at our institution in 1979, some 185 patients with superficially located malignant tumors have been treated with 219 courses of combined heat and radiation.[17] The majority of patients were selected for hyperthermia and radiotherapy because of failure to achieve local control of a tumor with conventional therapies. These patients had previously received various combinations of surgery, radiation, chemotherapy and, in some instances, immunotherapy. The types of malignancies treated have included recurrent breast cancer, recurrent and locally advanced squamous cell carcinomas of the head and neck, recurrent and metastatic melanoma, and a miscellaneous group of tumors such as soft tissue sarcomas and large cell lymphomas. Our initial experience was obtained with radiofrequency capacitive heating. After a period of technical development, a 2450 MHz microwave system was designed. Our preliminary experience using this system in 46 patients has been described previously.[13]

Table 1 summarizes the results of treatment in 211 lesions by histology. A complete response was obtained in 28% of evaluable lesions and a partial response in 48%. The overall objective response rate was 76%. The best response was with adenocarcinomas of the breast. This finding is probably due to the ease with which superficial chest wall disease can be heated. The physical characteristics of 2450 MHz microwaves may be ideal for this particular site. The poorest response was in the miscellaneous tumor category, which we believe was due to the preponderance of soft tissue sarcomas.

Complications have been minimal and mainly confined to small areas of thermal skin damage in less than 15 percent of patients, all of which subsequently healed. Minor hemorrhage occurred in 2 percent of patients. Two patients have experienced thermometry catheter-related infections.

Conclusions

There is an abundance of evidence from cellular, animal, and human studies to suggest that combined heat and radiation may have potential therapeutic efficacy. A recent clinical report[18] has documented that hyperthermia is most effective when combined with radiotherapy. Our experience at Thomas Jefferson University Hospital employing radiation followed by local hyperthermia has been promising. Tumor responses have been significant, with over 75 percent of tumors having objective regression in size. Complications and normal tissue injury have been few. Many of our patients experience relief of pain and other symptoms with considerable improvement in their quality of life. □

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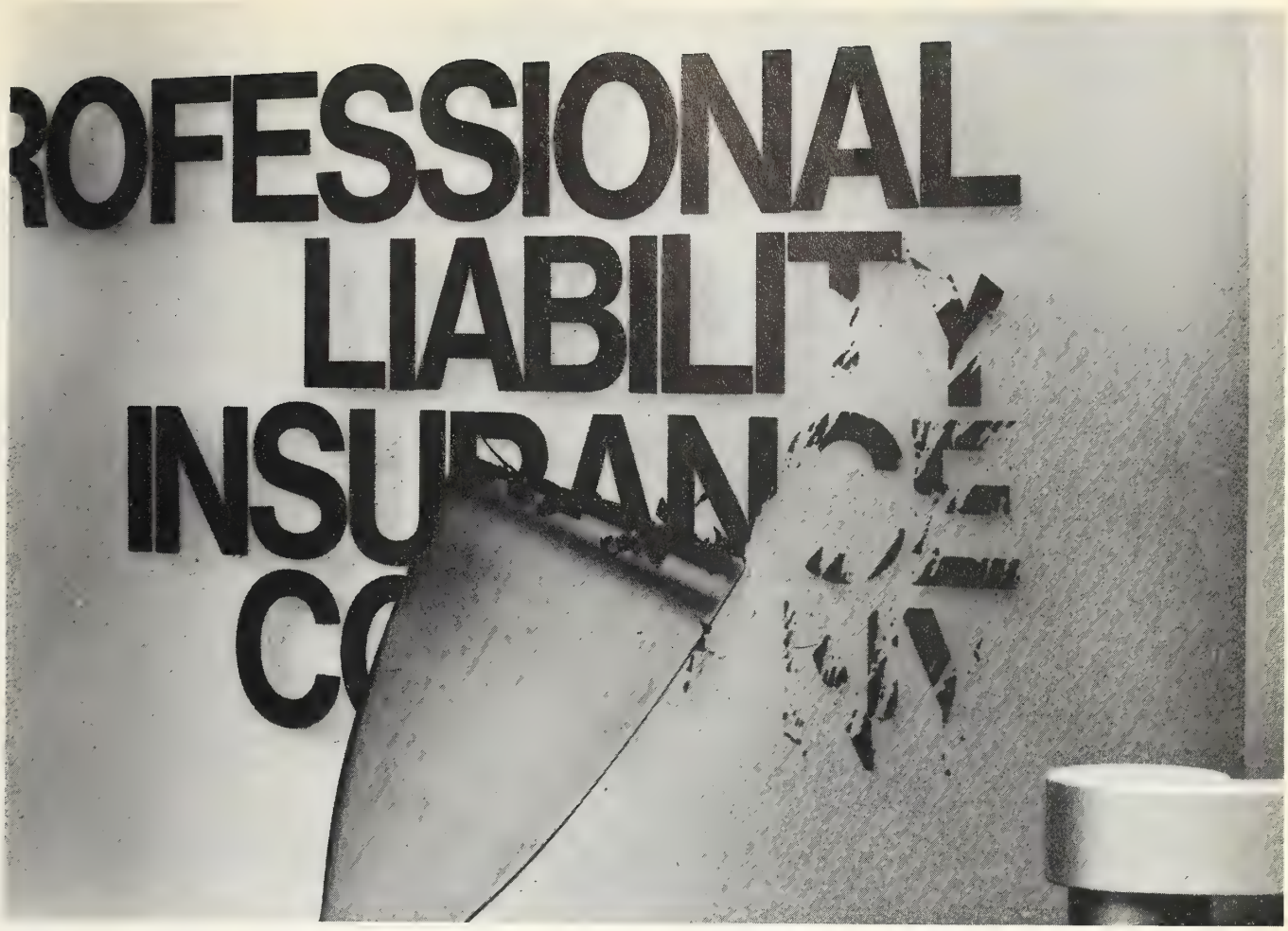

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General surgeon, Board eligible or certified to join surgeon in private practice. Experience in traumatology and peripheral vascular surgery desirable. Southcentral Pennsylvania. Reply to Box 174, PENNSYLVANIA MEDICINE, 20 Erford Road, Lemoyne, PA 17043.

Trauma surgeon—Pennsylvania. Join two trauma surgeon MDs in 500+ bed, 400+ MD hospital now seeing 500+ Category I patients. Hospital will receive Level I designation shortly. Full, advanced equipment includes own helicopters, CT & angiography in ER, plus NMI, hyperbaric chamber, all monitors. Top surgical specialty support including 18 surgical residents. Research and publishing encouraged. Non-urban, central PA locale ideal for family, recreation. Enjoy excellent salary; benefits include 8 weeks vacation and

Physician Placement Service

- Looking for the right practice opportunity?
- Looking for a qualified physician?

The PMS Physician Placement Service publishes two registers bimonthly: one listing physicians, the other, practice opportunities.

All entries are coded. Names and addresses are not published.

To register, contact Tim Smith at (717) 763-7151.

PENNSYLVANIA MEDICAL SOCIETY PMS
Council on Medical Practice

PRIMARY CARE PHYSICIANS

If you are seeking an opportunity to practice "quality" family care medicine in a small PA community that will both respect and support your professional efforts, you should definitely look into all that the Mauch Chunk Medical Center and other, equally desirable, HealthEast Primary Care Practices have to offer. Expansion has created the possibility for two or three additional physicians within our prospering and highly regarded organization.

The Mauch Chunk Medical Center offer a very attractive compensation and benefits package; the support of a fully integrated health care system; and a relaxed and professionally satisfying way of life in a beautiful, semi-rural community just a 20-minute drive from the famed Pocono Mountain winter/summer resorts. Philadelphia, New York City and the New Jersey Shore are also all within easy driving distance. Other Primary Care opportunities exist in equally attractive locations.

For full information and prompt consideration, please forward your C.V. to: Ms. Evan R. Skinner, Vice President

HealthSearch
50 College Drive
Allentown, PA 18104

Equal Opportunity Employer

Neurosurgeon:

Central Pennsylvania

If your career goals include performing high quality, state-of-the-art neurosurgery in an atmosphere which promotes personal and professional growth, consider the following immediate opportunity.

Our client, Geisinger Medical Center, is a nationally acclaimed example of excellent tertiary care in a non-urban setting. They provide service to 2.7 million people in 27 Pennsylvania counties through 200+ staff physicians and 200+ physicians in residency and fellowship training.

Neurosurgery practice highlights include:

- an active, established neurosciences group of 15 physicians including two neurosurgeons supported by four PA's;
- excellent pathology with annual major surgical cases of 650+ (300 spinals, 200 cranials) and consults/exams exceeding 3300;
- advanced equipment including MRI, CT scanners, operative lasers, cavitron, and stereotactic and invasive instruments.

To qualify, first and foremost, you must have exceptional surgical skills and be BC/BE. Special preference exists for those with subspecialty interest in pediatrics or trauma and for those demonstrating competence in micro or laser NS techniques. Research and publishing are encouraged, not demanded.

This opportunity will appeal most strongly to those wishing to balance an active practice with a family oriented environment abundant in year-round recreational pursuits and a diversity of fine schools. Compensation based on experience; benefits include eight weeks vacation and CME time.

For full details send your CV or call Bill Gregory (215/363-5600), John Downing Associates, Inc., Lionville Commons, P.O. Box 452, Lionville, PA 19353.

John Downing Associates, Inc.

physician search consultants

Child Psychiatry

Director of Clinical Services

Eastern State School and Hospital is seeking a highly qualified psychiatrist to serve as the Director of Clinical Services.

Eastern State is the largest Hospital in Pennsylvania devoted solely to the psychiatric care of children and adolescents. Its programs are on the cutting edge of child psychiatric treatment and staff have a close working relationship with several of the medical schools in the Philadelphia area.

The individual selected will be an innovative leader who is capable of developing a strong treatment milieu through the coordination of the psychiatric, medical and nursing services within the Hospital.

Applicants must possess a license to practice medicine in Pennsylvania and be board certified in child psychiatry. An active affiliation with an academic program in psychiatry and a demonstrated ability to coordinate research programs is also preferred. A minimum of four years of clinical experience in child and adolescent psychiatry is required.

The base salary is $63,600 with separate bonuses for quality, retention and certification. The benefits package is approximately 40% of the base salary.

Please address all inquires to: Theodore J. Barry, M.D., Superintendent, Eastern State School and Hospital, 3740 Lincoln Highway, Trevose, Pa. 19047.

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We specialize in the valuation and selling of medical practices. If interested in buying or selling a medical practice contact our Brokerage Division at **The Health Care Group, 400 GSB Building, Bala Cynwyd, Pa. 19004 (215) 667-8630.**

CME. Call (215) 363-5600 or send CV: Bill Gregory, c/o John Downing Associates, P.O. Box 452, Lionville, PA 19353.

Full-time, part-time physicians needed for low volume emergency departments in central Pennsylvania. Subcontractor status. Emergency Department Management, Inc., 112 Millwood Drive, Harrisburg, PA 17110.

Unique opportunity available immediately for trained physician to assume fully established active family practice due to physician retirement. Office located in small town in central Pennsylvania. Six-figure gross and population base of 25,000. Close to hospital and universities. Send CV to Box 178, PENNSYLVANIA MEDICINE, 20 Erford Road, Lemoyne, PA 17043.

Obstetrician-gynecologist for a 500-bed, acute care hospital in Pennsylvania. 2,000 annual births, neonatal unit. Unique private practice opportunity to shape a busy department. Coverage available and guarantees. Send C.V. to Box 184, PENNSYLVANIA MEDICINE, 20 Erford Road, Lemoyne, PA 17043.

Wanted — doctor to establish practice. Condominium Association will provide space for a negotiated period of time. Central Susquehanna Valley location with three universities, three hospitals, and river-lake recreation. Further information—contact Arthur F. Bowen, Bowen Agency Inc., Realtors, at (717) 743-2165 or 743-7556.

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Area university-affiliated hospital desires part-time academically oriented radiologist to direct radiology training program. Candidate must have strong interest in teaching radiology residents and general medical house officers. Contact Dr. Gary Winzelberg, (412) 622-2284.

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To be eligible for one of these positions, one must be a graduate of an AMA/AOA accredited school of medicine/osteopathy. Foreign medical graduates must posess an ECFMG certificate. U.S. citizenship or a permanent visa is required. In addition, specialty training must be AMA approved and an unrestricted state license is a must.

We will invite prospective applicants to visit one of our facilities and to meet with a senior physician in your specialty. Inquires are welcome! Call (collect) or write to:

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(313) 668-2190/91

POSITIONS WANTED

Anesthesiologist, B.C., practicing in Saudi Arabia, seeking relocation. No O.H. Reply to Box 169, PENNSYLVANIA MEDICINE, 20 Erford Road, Lemoyne, PA 17043.

Seeking position in gastroenterology/internal medicine. Available now. Board certified in internal medicine. Board eligible in gastroenterology. British and U.S. trained. Licensed in Pennsylvania. Contact S.P. Nathan, 24024 Evergreen Road, Apartment 112-A, Southfield, MI 48075, (313) 356-7548.

Physician seeking position in general practice/occupational medicine/rehabilitation medicine. Prefers multi-specialty group or institutional setting. Experience in occupational medicine; director of nursing home; director of residential community; experience with disabled people. Prefers community of 100,000 or greater (Philadelphia area). Respond to PMS Physician Placement Service, Department CPM-0287-GP16, 20 Erford Road, Lemoyne, PA 17043.

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Medical equipment—50% off previously owned medical, laboratory, office, x-ray, ultrasound equipment in excellent condition. We buy, sell, broker, and repair. Appraisals by Certified Surgical Consultants. Medical Equipment Resale and Repair, Inc., 24026 Haggerty Road, Farmington Hills, MI 48018. (313) 477-6880 anytime.

Active Philadelphia general practice and building for sale. Physician retiring no later than January 1987. 41 years in practice; 6 figure gross. Good Kensington area — East Allegheny. Corner property in A-1 condition. Rentals from home and apartment above office more than maintain building. Doctor's corner for 75 years. Reply to Box 155, PENNSYLVANIA MEDICINE, 20 Erford Road, Lemoyne, PA 17043.

New 1,000 square foot office condominiums under construction Bensalem area in lower Bucks County. Finished to your specifications, beautiful buildings, professional landscaping. Many benefits of ownership versus rental. Call Allen Associates, (215) 493-0400.

Lehigh Valley family practice for sale. Located on first floor of multi-specialty medical building. Plentiful, easy-access parking. Four hospitals within 15 minutes' driving time of office. Price negotiable. Physician will help with transition. Reply to Box 181, PENNSYLVANIA MEDICINE, 20 Erford Road, Lemoyne, PA 17043.

Ophthalmology practice for sale by retiring opthalmologist. Must be Board qualified or Board eligible; hospital staff appointment available if qualified. City in southwestern Pennsylvania. Available immediately. Owner ophthalmologist retiring January 1, 1987. Reply to Box 183, PENNSYLVANIA MEDICINE, 20 Erford Road, Lemoyne, PA 17043.

For sale by retiring ophthalmologist—AO Rx-

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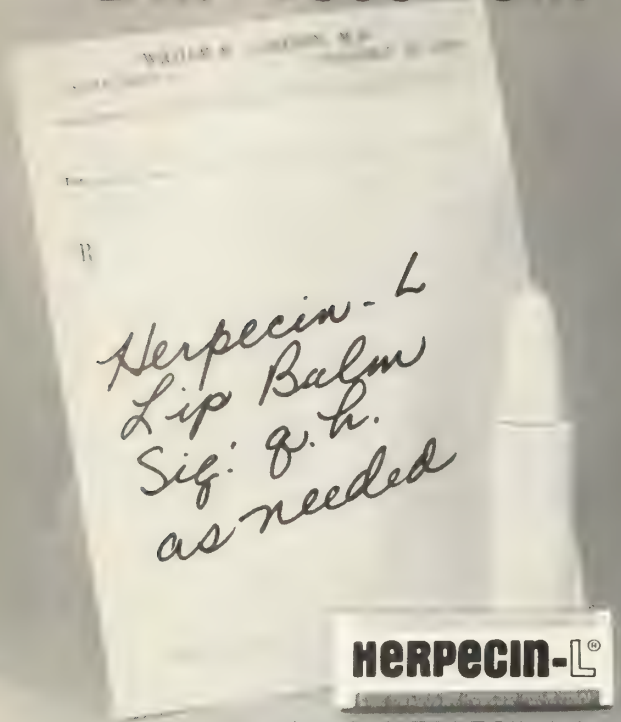
has an immediate need for the following subspecialists:

1. **Trauma director**—Board certified surgeon who has completed fellowship in trauma. Some experience preferred.
2. **Hematologists/oncologists**—Board certification in hematology and oncology necessary. Well-trained physicians needed to help in further expansion of regional cancer center.
3. **Emergency room physician**—for active, growing emergency department. Pursuing level II trauma designation, developing helicopter rescue service. ED presently has 41,000 patient visits annually. Applicant must be emergency residency trained and/or ABEM certified, ACLS and ATLS desirable. Competitive salary and benefits.

Westmoreland Hospital serves a community of 30,000 - 100,000. It is a cosmopolitan area 30 miles east of Pittsburgh, with excellent schools, churches, and recreational areas, located near the base of the Laurel Mountains.

For more information about these opportunities, contact Dr. Gerald S. Browdie, Director of Recruitment, Westmoreland Hospital, West Pittsburgh Street, Greensburg, PA 15601; 412-832-4037.

Dx: recurrent herpes labialis



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OTC. *See P.D.R.* for information. For samples to make your own clinical evaluation, write: CAMPBELL LABORATORIES, INC., P.O. BOX 812-MD, FDR STATION, NEW YORK, N.Y. 10150

In Pennsylvania HERPECIN-L is available at all *Eckerd, Peoples, Rea & Derick, Revco, RiteAid, Thrift Drug Stores* and other select pharmacies.

Master Phoropter (minus cylinders); AO motor chair, matching instrument stand and stool; B & L Auto-Plot with tangent screen. Reply to Box 182, PENNSYLVANIA MEDICINE, 20 Erford Road, Lemoyne, PA 17043.

FOR RENT

Medical offices available in west Philadelphia and Delaware County. Newly renovated, well-maintained, multi-office locations. Exclusive or time sharing. Accommodations for special needs will be considered. Off-street parking and easy access to public transportation. Call Barbara Kelman, (215) 622-4000, weekdays 9 - 5.

Available immediately — spacious, well-planned 6,500 square foot office suite in established medical building. Excellent location for any practice in busy Bensalem, lower Bucks County. Call Allen Associates (215) 493-0400.

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Baltimore — 1830 Mulberry House. Bed and breakfast. Walk to Harborplace, Walters Art Gallery, Maryland Historic Society, Mt. Vernon Place, Aquarium. 111 W. Mulberry St., Baltimore, MD 21201; (301) 576-0111.

Modern office and equipment available for family clinic close to 120 bed county hospital in southwestern Pennsylvania. Doctor discontinued private practice for health reasons. Reply to Box 180, PENNSYLVANIA MEDICINE, 20 Erford Road, Lemoyne, PA 17043.

Shenandoah Valley Bed and Breakfast reservations—Emjoy our Virginia smorgasbord of small inns, historic garden week residences, and working farms. Simplicity or elegance with gracious hospitality. (703) 896-9702.

1987 CME cruise conferences on selected medical topics — Caribbean, Mexico, Hawaii, Alaska, China/Orient, Scandinavia/Russia. 7-14 days year round. Approved for 20-24 CME Cat. 1 credits (AMA/PRA) and AAFP prescribed credits. Distinguished professors. Fly roundtrip free on Caribbean, Mexican, and Alaskan Cruises. Excellent group fares on finest ships. Registration limited. Pre-scheduled in compliance with present IRS requirements. Information: International Conferences, 189 Lodge Avenue, Huntington Station, NY 11746. (516) 549-0869.

Business loans — Sig. loans, other loans, sales/lease backs, equipment leases, buying or selling a practice. Contact Dr. W.A., 100 S. Washington, Enid, OK 73701; (405) 234-5135.

Pennsylvania Sperm Bank — a cryogenic semen storage facility for your patients: pre-vasectomy; pre-chemotherapy; pre-radiation therapy; prior to surgery which may affect fertility; before hazardous occupational exposures. Inquiries: (215) 886-7706, or write: PSB Benson East, Suite 415, Jenkintown, PA 19046.

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Advertising which contains discriminatory language is not acceptable for publication.

Strong on results. Simple to take.

In recurrent urinary tract infections

Highly effective against a wide range of susceptible uropathogens:

Escherichia coli
Klebsiella spp.
Enterobacter spp.
Proteus mirabilis
Proteus vulgaris
Morganella morganii

In acute otitis media in children

Clears middle-ear fluid of the most common susceptible pathogens:

Streptococcus pneumoniae
Haemophilus influenzae (even ampicillin-resistant strains)

In acute exacerbations of chronic bronchitis in adults

Clears the sputum of important susceptible pathogens:

Streptococcus pneumoniae
Haemophilus influenzae

Not indicated for prophylactic or prolonged administration in otitis media at any age; contraindicated in infants less than two months of age.

Bactrim™ (trimethoprim and sulfamethoxazole/Roche)

Effective and versatile *b.i.d.* therapy

Before prescribing, please consult complete product information, a summary of which follows:

CONTRAINDICATIONS: Hypersensitivity to trimethoprim or sulfonamides; documented megaloblastic anemia due to folate deficiency; pregnancy at term and during the nursing period; infants less than two months of age.

WARNINGS: FATALITIES ASSOCIATED WITH THE ADMINISTRATION OF SULFONAMIDES, ALTHOUGH RARE, HAVE OCCURRED DUE TO SEVERE REACTIONS, INCLUDING STEVENS-JOHNSON SYNDROME, TOXIC EPIDERMAL NECROLYSIS, FULMINANT HEPATIC NECROSIS, AGRANULOCYTOSIS, APLASTIC ANEMIA AND OTHER BLOOD DYSCRASIAS.

BACTRIM SHOULD BE DISCONTINUED AT THE FIRST APPEARANCE OF SKIN RASH OR ANY SIGN OF ADVERSE REACTION. Clinical signs, such as rash, sore throat, fever, pallor, purpura or jaundice, may be early indications of serious reactions. In rare instances a skin rash may be followed by more severe reactions, such as Stevens-Johnson syndrome, toxic epidermal necrolysis, hepatic necrosis or serious blood disorder. Perform complete blood counts frequently.

BACTRIM SHOULD NOT BE USED IN THE TREATMENT OF STREPTOCOCCAL PHARYNGITIS. Clinical studies show that patients with group A β-hemolytic streptococcal tonsillopharyngitis have a greater incidence of bacteriologic failure when treated with Bactrim than with penicillin.

PRECAUTIONS:

General: Give with caution to patients with impaired renal or hepatic function, possible folate deficiency and severe allergy or bronchial asthma. In glucose-6-phosphate dehydrogenase-deficient individuals, hemolysis may occur, frequently dose-related.

Information for Patients: Instruct patients to maintain adequate fluid intake to prevent crystalluria and stone formation.

Laboratory Tests: Perform complete blood counts frequently; if a significant reduction in the count of any formed blood element is noted, discontinue Bactrim. Perform urinalyses with careful microscopic examination and renal function tests during therapy, particularly for patients with impaired renal function.

Drug Interactions: In elderly patients concurrently receiving certain diuretics, primarily thiazides, an increased incidence of thrombocytopenia with purpura has been reported. Bactrim may prolong the prothrombin time in patients who are receiving the anticoagulant warfarin. Keep this in mind when Bactrim is given to patients already on anticoagulant therapy and reassess coagulation time. Bactrim may inhibit the hepatic metabolism of phenytoin. Given at a common clinical dosage, it increased the phenytoin half-life by 39% and decreased the phenytoin metabolic clearance rate by 27%. When giving these drugs concurrently, be alert for possible excessive phenytoin effect. Sulfonamides can displace methotrexate from plasma protein binding sites, thus increasing free methotrexate concentrations.

Drug/Laboratory Test Interactions: Bactrim, specifically the trimethoprim component, can interfere with a serum methotrexate assay as determined by the competitive binding protein technique (CBPA) when a bacterial dihydrofolate reductase is used as the binding protein. No interference occurs if methotrexate is measured by a radioimmunoassay (RIA). The presence of trimethoprim and sulfamethoxazole may also interfere with the Jaffé alkaline picrate reaction assay for creatinine, resulting in overestimations of about 10% in the range of normal values.

Carcinogenesis, Mutagenesis, Impairment of Fertility: Carcinogenesis: Long-term studies in animals to evaluate carcinogenic potential not conducted with Bactrim. *Mutagenesis:* Bacterial mutagenic studies not performed with sulfamethoxazole and trimethoprim in combination. Trimethoprim demonstrated to be nonmutagenic in the Ames assay. No chromosomal damage observed in human leukocytes *in vitro* with sulfamethoxazole and trimethoprim alone or in combination; concentrations used exceeded blood levels of these compounds following therapy with Bactrim. Observations of leukocytes obtained from patients treated with Bactrim revealed no chromosomal abnormalities. *Impairment of Fertility:* No adverse effects on fertility or general reproductive performance observed in rats given oral dosages as high as 70 mg/kg/day trimethoprim plus 350 mg/kg/day sulfamethoxazole.

Pregnancy: Teratogenic Effects: Pregnancy Category C. Trimethoprim and sulfamethoxazole may interfere with folic acid metabolism; use during pregnancy only if potential benefit justifies potential risk to fetus. Nonteratogenic Effects: See CONTRAINDICATIONS section.

Nursing Mothers: See CONTRAINDICATIONS section.

Pediatric Use: Not recommended for infants under two months (see INDICATIONS and CONTRAINDICATIONS sections).

ADVERSE REACTIONS: Most common are gastrointestinal disturbances (nausea, vomiting, anorexia) and allergic skin reactions (such as rash and urticaria). **FATALITIES ASSOCIATED WITH THE ADMINISTRATION OF SULFONAMIDES, ALTHOUGH RARE, HAVE OCCURRED DUE TO SEVERE REACTIONS, INCLUDING STEVENS-JOHNSON SYNDROME, TOXIC EPIDERMAL NECROLYSIS, FULMINANT HEPATIC NECROSIS, AGRANULOCYTOSIS, APLASTIC ANEMIA AND OTHER BLOOD DYSCRASIAS (SEE WARNINGS SECTION).** *Hematologic:* Agranulocytosis, aplastic anemia, thrombocytopenia, leukopenia, neutropenia, hemolytic anemia, megaloblastic anemia, hypoprothrombinemia, methemoglobinemia, eosinophilia. *Allergic Reactions:* Stevens-Johnson syndrome, toxic epidermal necrolysis, anaphylaxis, allergic myocarditis, erythema multiforme, exfoliative dermatitis, angioedema, drug fever, chills, Henoch-Schoenlein purpura, serum sickness-like syndrome, generalized allergic reactions, generalized skin eruptions, photosensitivity, conjunctival and scleral injection, pruritus, urticaria and rash. Periarteritis nodosa and systemic lupus erythematosus have been reported. *Gastrointestinal:* Hepatitis (including cholestatic jaundice and hepatic necrosis), elevation of serum transaminase and bilirubin, pseudomembranous enterocolitis, pancreatitis, stomatitis, glossitis, nausea, emesis, abdominal pain, diarrhea, anorexia. *Genitourinary:* Renal failure, interstitial nephritis, BUN and serum creatinine elevation, toxic nephrosis with oliguria and anuria, crystalluria. *Neurologic:* Aseptic meningitis, convulsions, peripheral neuritis, ataxia, vertigo, tinnitus, headache. *Psychiatric:* Hallucinations, depression, apathy, nervousness. *Endocrine:* Sulfonamides bear certain chemical similarities to some goitrogens, diuretics (acetazolamide and the thiazides) and oral hypoglycemic agents; cross-sensitivity may exist. Diuresis and hypoglycemia have occurred rarely in patients receiving sulfonamides. *Musculoskeletal:* Arthralgia, myalgia. *Miscellaneous:* Weakness, fatigue, insomnia.

DOSAGE AND ADMINISTRATION: Not recommended for use in infants less than two months of age.

URINARY TRACT INFECTIONS AND SHIGELLOSIS IN ADULTS AND CHILDREN, AND ACUTE OTITIS MEDIA IN CHILDREN: *Usual adult dosage* for urinary tract infections is one DS tablet, two tablets or four teaspoonfuls (20 ml) *b.i.d.* for 10 to 14 days. Use identical daily dosage for 5 days for shigellosis. *Recommended dosage for children* with urinary tract infections or acute otitis media is 8 mg/kg trimethoprim and 40 mg/kg sulfamethoxazole per 24 hours, in two divided doses every 12 hours for 10 days. Use identical daily dosage for 5 days for shigellosis. *Renal Impaired:* Creatinine clearance above 30 ml/min, give usual dosage; 15-30 ml/min, give one-half the usual regimen; below 15 ml/min, use not recommended.

ACUTE EXACERBATIONS OF CHRONIC BRONCHITIS IN ADULTS: Usual adult dosage is one DS tablet, two tablets or four teasp. (20 ml) *b.i.d.* for 14 days.

PNEUMOCYSTIS CARINII PNEUMONITIS: Recommended dosage is 20 mg/kg trimethoprim and 100 mg/kg sulfamethoxazole per 24 hours in equal doses every 6 hours for 14 days. See complete product information for suggested children's dosage table.

HOW SUPPLIED: *DS (double strength) Tablets* (160 mg trimethoprim and 800 mg sulfamethoxazole—bottles of 100, 250 and 500; Tel-E-Dose® packages of 100; Prescription Paks of 20. *Tablets* (80 mg trimethoprim and 400 mg sulfamethoxazole)—bottles of 100 and 500; Tel-E-Dose® packages of 100; Prescription Paks of 40. *Pediatric Suspension* (40 mg trimethoprim and 200 mg sulfamethoxazole per teasp.)—bottles of 100 ml and 16 oz (1 pint). *Suspension* (40 mg trimethoprim and 200 mg sulfamethoxazole per teasp.)—bottles of 16 oz (1 pint).

STORE TABLETS AT 15°-30°C (59°-86°F) IN A DRY PLACE PROTECTED FROM LIGHT.

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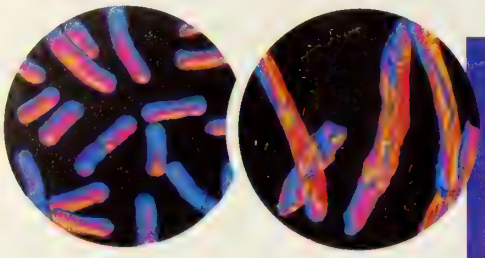

before *E. coli* culture–color-enhanced scanning electron microscopy (SEM).

after *E. coli* destroyed by Bactrim 5 × MIC *in vitro*. (*In vitro* data do not necessarily correlate with clinical results.)

before *H. influenzae* culture–color-enhanced SEM.

after *H. influenzae* destroyed by Bactrim 5 × MIC *in vitro*. (*In vitro* data do not necessarily predict clinical results.)

before Otoscopic view of tympanic membrane in a patient who did not respond to ampicillin therapy.

after Same patient after ten days of Bactrim therapy.

In recurrent UTI,
acute exacerbations of chronic bronchitis
and acute otitis media

Bactrim™ (trimethoprim and sulfamethoxazole/Roche) ROCHE®

Effective and versatile *b.i.d.* therapy

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Please see preceding page for a summary of product information.

Pennsylvania Medicine

MEDICAL JOURNALISM SPECIAL PRIZE 1986

Volume 89, No. 10 OCTOBER 1986

Also in this issue:
Medigram—page 6
Are DRGs cost containment vehicles?—page 25

3

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You know you can *count* on it for sleep that satisfies patients—they fall asleep quickly and sleep through the night.[1-8] And the wide margin of safety with Dalmane[7-9] satisfies *you*. As always, caution patients about driving or drinking alcohol.

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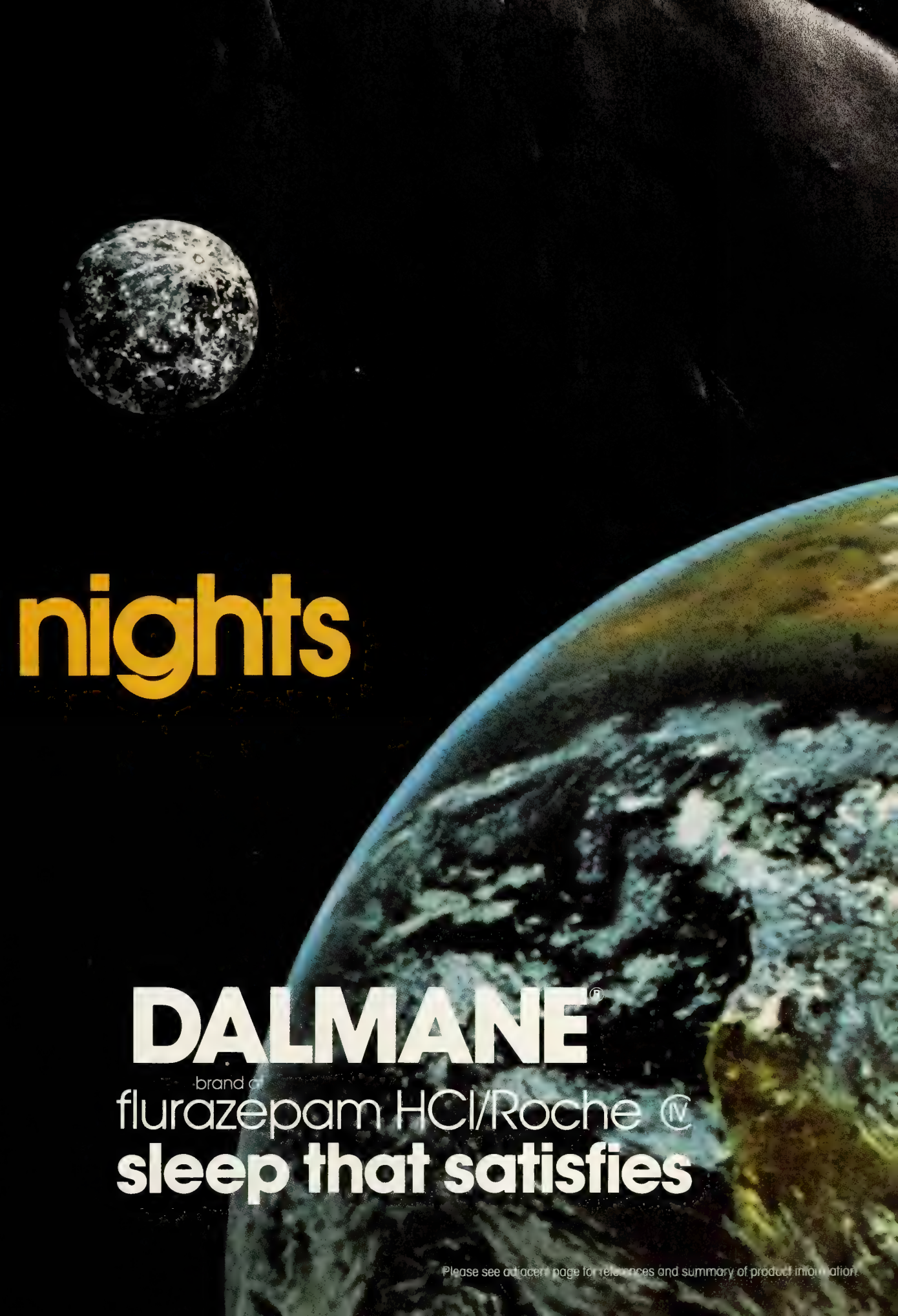
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Please see adjacent page for references and summary of product information.

References: **1.** Kales J, *et al. Clin Pharmacol Ther 12*:691-697, Jul-Aug 1971. **2.** Kales A, *et al: Clin Pharmacol Ther 18*:356-363, Sep 1975. **3.** Kales A, *et al: Clin Pharmacol Ther 19*:576-583, May 1976 **4.** Kales A, *et al: Clin Pharmacol Ther 32*:781-788, Dec 1982. **5.** Frost JD Jr, DeLucchi MR. *J Am Geriatr Soc 27*:541-546, Dec 1979. **6.** Dement WC, *et al: Behav Med*, pp. 25-31, Oct 1978. **7.** Kales A, Kales JD: *J Clin Psychopharmacol 3*:140-150, Apr 1983 **8.** Tennant FS, *et al:* Symposium on the Treatment of Sleep Disorders, Teleconference, Oct 16, 1984 **9.** Greenblatt DJ, Allen MD, Shader RI: *Clin Pharmacol Ther 21*:355-361, Mar 1977

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Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants. An additive effect may occur if alcohol is consumed the day following use for nighttime sedation. This potential may exist for several days following discontinuation. Caution against hazardous occupations requiring complete mental alertness (*e.g.*, operating machinery, driving). Potential impairment of performance of such activities may occur the day following ingestion. Not recommended for use in persons under 15 years of age. Withdrawal symptoms rarely reported, abrupt discontinuation should be avoided with gradual tapering of dosage for those patients on medication for a prolonged period of time. Use caution in administering to addiction-prone individuals or those who might increase dosage
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Adverse Reactions: Dizziness, drowsiness, lightheadedness, staggering, ataxia and falling have occurred, particularly in elderly or debilitated patients. Severe sedation, lethargy, disorientation and coma, probably indicative of drug intolerance or overdosage, have been reported. Also reported: headache, heartburn, upset stomach, nausea, vomiting, diarrhea, constipation, GI pain, nervousness, talkativeness, apprehension, irritability, weakness, palpitations, chest pains, body and joint pains and GU complaints. There have also been rare occurrences of leukopenia, granulocytopenia, sweating, flushes, difficulty in focusing, blurred vision, burning eyes, faintness, hypotension, shortness of breath, pruritus, skin rash, dry mouth, bitter taste, excessive salivation, anorexia, euphoria, depression, slurred speech, confusion, restlessness, hallucinations, and elevated SGOT, SGPT, total and direct bilirubins, and alkaline phosphatase; and paradoxical reactions, *e.g.*, excitement, stimulation and hyperactivity
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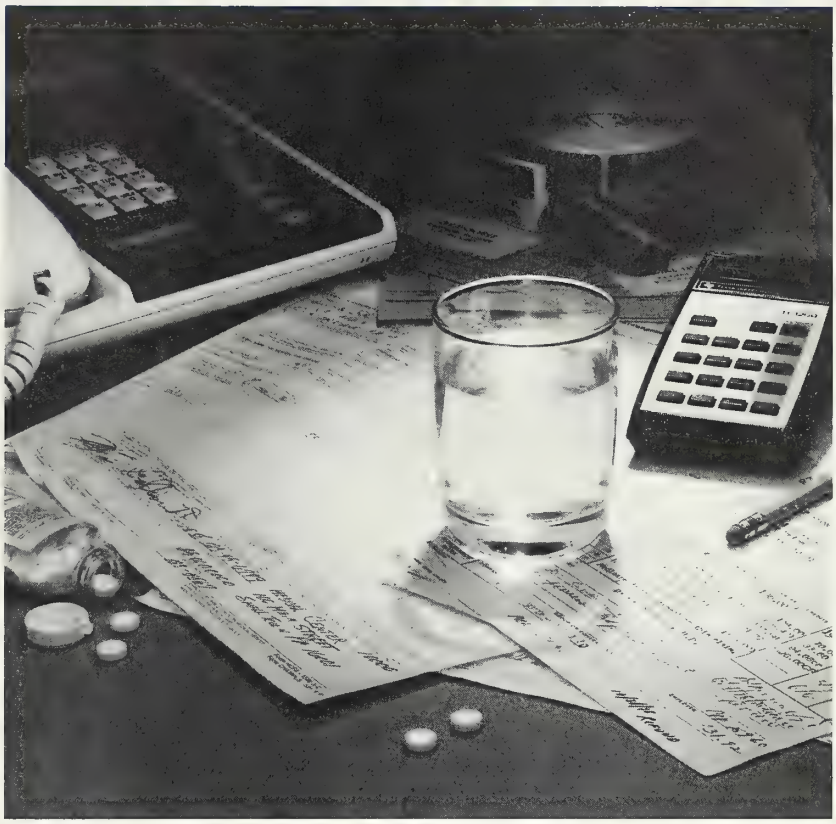

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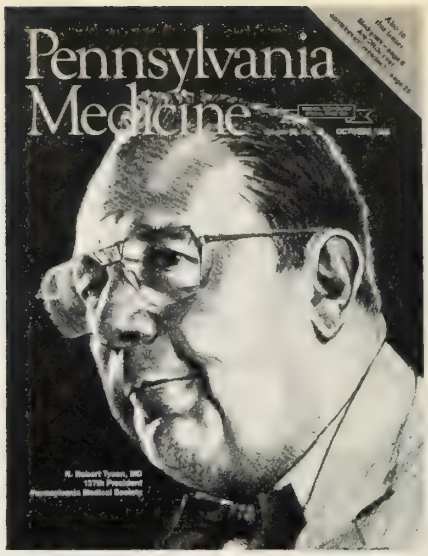

contents

October 1986
Volume 89, Number 10

COVER

12 Cost of care dominant issue, new president says—Karen K. Davis—*portrait of R. Robert Tyson, MD*

NEWSFRONTS

6 Medigram—*late news at press time*
18 Drug diversion study group issues call for action—Karen K. Davis—*PMS participates in research*
20 Rate increases for insurance may set record—*rate filings listed for professional liability marketplace*

EDITORIAL

10 Educating tomorrow's physicians—David A. Smith—*new environment demands well-rounded students*

SPECIAL FEATURE

25 Are DRGs cost containment vehicles?—Hal Broderson—*examines prospective pricing system*

CAPITAL COMMENTARY

32 Watch these races in 1986 election—Robert H. Craig Jr., Jerry L. Rothenberger, Larry L. Light—*notes on candidates and contests*

IN MY OPINION

42 Through the eyes of patients—Harry Schwartz—*physicians' communication skills important*

MEDICAL FEATURES

50 Review of leukemia, lymphoma, and myeloma before and after TMI accident—Samuel W. Berkheiser—*results of dual survey*
56 Gauze packing for hepatic injury—Matthew Indeck, Sheldon Brotman—*case report and discussion*

DEPARTMENTS

38 Advertisers' index
48 Obituaries
54 Physicians in the news
59 Classified advertising
63 New members

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REGIONAL MASS MEETINGS DRAW 7,500 SUPPORTERS

Some 7,500 supporters of tort reform met with 111 lawmakers in nine locations across Pennsylvania September 16 seeking legislation to correct the state's liability problems. Sponsored by the Pennsylvania Medical Society, the meetings brought together physicians, their families, other health care personnel, and legislators in simultaneous meetings in Allentown, Erie, Harrisburg, Philadelphia, Pittsburgh, Monroeville, State College, Wilkes-Barre, and Willow Grove. PMS President R. William Alexander, MD, said, "We need reforms now. High insurance rates have affected everyone...In health care alone, since we began this campaign four years ago, Pennsylvania's liabilty payouts have gone up 100 percent."

HOUSE TO CONSIDER $25 DUES INCREASE

The Society's Board of Trustees on September 10 tentatively approved a 1987 budget of almost $5.8 million and voted to recommend a dues increase to the House of Delegates at the Annual Business Meeting at the Pittsburgh Hilton Hotel October 17-19, 1986. Specifically the recommendation is for a $25 increase in the dues of full dues-paying active members from $275 annually to $300. Other dues categories will be increased proportionately, except for student dues, which in a separate action the Board voted to keep at $5 annually. The Society's last dues increase was in 1981.

LEGISLATURE RETURNS FOR NINE WORKING DAYS

Returning September 21 from the summer recess, the state legislature scheduled just nine days of work before another recess to permit legislators to return home to campaign (see election details on page 32). Lawmakers will return for a short period after the election to wind up the business of this two year session which ends November 30. Among matters demanding attention are two of interest to medicine. The proposed seat belt legislation is expected to receive final action before the session ends, and a measure has been proposed which would fund the state's health systems agencies, whose federal support ends September 30. The bill to provide emergency funding to the HSAs for nine months proposes a study of all methods of reviewing the need for capital expenditures by health care institutions. Pennsylvania is divided into nine health systems areas, but the agency in Area VII (Erie) ceased operations in 1982, and that in Area II (Allentown) suspended certificate of need functions effective August 1, 1986. The state health department conducts certificate of need reviews for those areas in which HSAs no longer function.

PMS BOARD SETS POLICY ON PRINCIPAL DIAGNOSIS

The attending physician is solely responsible for the principal diagnosis on the hospital chart of a patient, the Society's Board of Trustees declared in a policy statement adopted September 10. The statement also says that efforts to change an accurate diagnosis are inappropriate and physicians should refuse to become involved; the medical staff and the hospital should cooperate to assure that the coding on patient records shows the principal diagnosis; and medical staffs should work to correct inaccurate documenting of the principal diagnosis. The Council on Medical Practice recommended adoption of the policy to offset pressure on physicians to change the diagnoses on patients' charts.

COURT BROADENS EFFECT OF RIGHT TO KNOW LAW

The Third U.S. Circuit Court of Appeals in a September decision has expanded sections of the state's new right to know law to include 18,000 manufacturing firms in Pennsylvania which previously were exempted by the law's regulations. Formally known as the Worker and Community Right to Know Act, the law was passed and signed two years ago. Because of administrative delays and litigation, however, the regulations were not published until this summer, with enforcement to begin December 1. The law requires the labeling of nearly 2,000 toxic substances in the workplace, training workers about toxic substances, and the maintenance of records on the shipment of hazardous substances.

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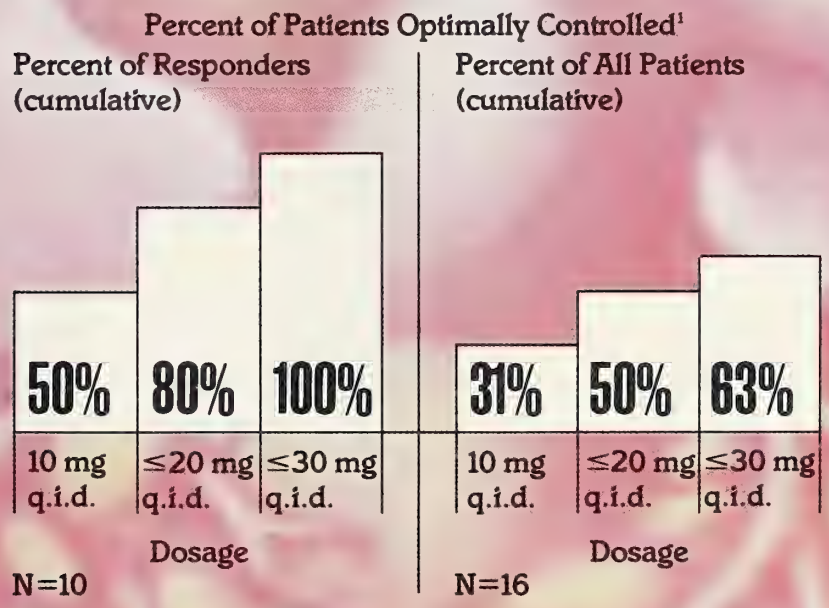

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1. Hill JA, Feldman RL, Pepine CJ, Conti CR: Randomized double-blind comparison of nifedipine and isosorbide dinitrate in patients with coronary arterial spasm. *Am J Cardiol* 1982; 49:431-438.

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Precautions: *General.* Severe hypotensive response, particularly with upright posture, may occur even with small doses; therefore use caution in subjects with blood volume depletion from diuretic therapy or with low systolic blood pressure (eg, below 90 mm Hg). Paradoxical bradycardia and increased angina pectoris may accompany nitrate-induced hypotension. Nitrates may aggravate angina caused by hypertrophic cardiomyopathy. Tolerance to this drug and cross-tolerance to other nitrates and nitrites may occur. Marked symptomatic, orthostatic hypotension has been reported when calcium channel blockers and organic nitrates were used in combination; dose adjustment of either class of agents may be necessary. There are reports of anginal attacks being more easily provoked and of rebound in hemodynamic effects soon after nitrate withdrawal; when therapy is being terminated, withdraw the drug gradually rather than stopping it abruptly.
Information for Patients. Headache may occur during initial therapy; it is usually relieved by standard headache remedies, or by lowering the dose, and tends to disappear after the first week or two of use.
Drug Interactions. Alcohol may enhance any marked sensitivity to the hypotensive effect of nitrates. Isosorbide dinitrate acts directly on vascular smooth muscle; therefore, any other agent that depends on vascular smooth muscle as the final common path can be expected to have decreased or increased effect, depending on the agent.
Carcinogenesis, Mutagenesis, Impairment of Fertility. No long-term studies in animals have been performed.
Pregnancy Category C. Use during pregnancy only if the potential benefit justifies the potential risk to the fetus.
Nursing Mothers. It is not known whether this drug is excreted in human milk; because many drugs are excreted in human milk, caution should be exercised in nursing women.
Pediatric Use. Safety and effectiveness in children have not been established.
Adverse Reactions: Adverse reactions, particularly headache and hypotension, are dose related. At various doses, the following have been observed:
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Overdosage: *Treatment.* Prompt removal of the ingested material by gastric lavage is reasonable but not documented to be useful. Keep the patient recumbent in a shock position and comfortably warm. Passive movements of the extremities may aid venous return. Administer oxygen and artificial respiration if necessary. If methemoglobinemia is present, administer methylene blue (1% solution), 1 to 2 mg/kg intravenously. *WARNING:* Epinephrine is ineffective in reversing the severe hypotensive events associated with overdose. It and related compounds are contraindicated in this situation.
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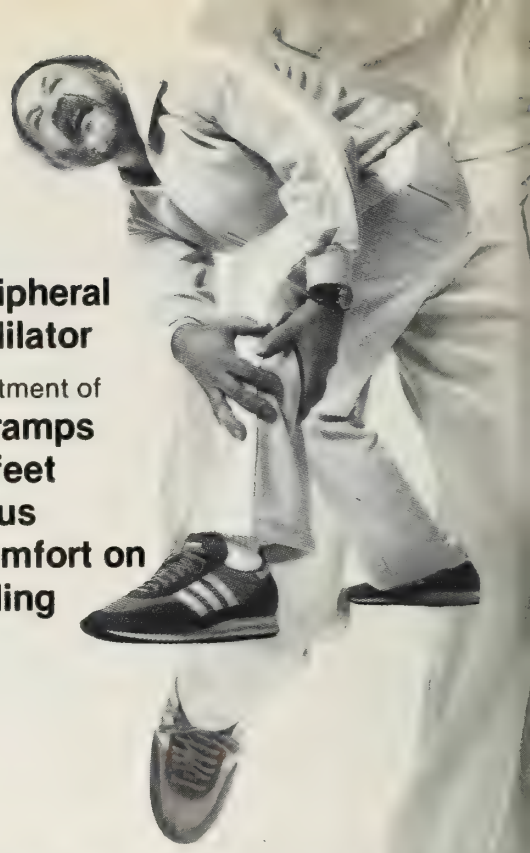

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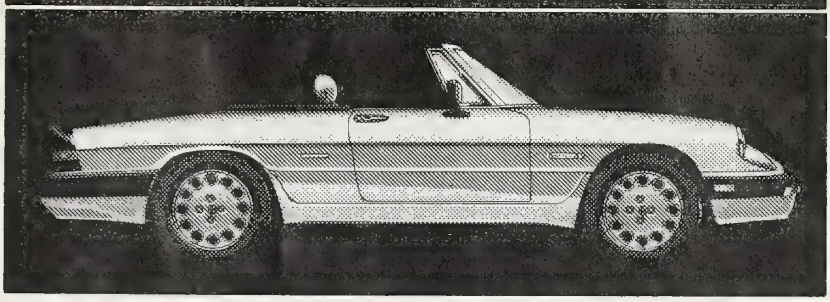

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editorial

Educating tomorrow's physicians

The current state of the American educational system is one of general decline. While leading educators and politicians have begun to recognize the pervasive and overwhelming nature of the problem, much remains to be done in properly and sufficiently addressing this situation.

Test scores for high school students wishing to advance their educations by going on to college have been declining overall in the past several decades. Although some progress has been made in reversing this trend, we are far from attaining the standards we should expect from our schools.

Educators, politicans, business and community leaders, and citizens have sought answers, and divers recommendations have been made about how to improve the situation. Some argue in favor of raising teachers' salaries to retain the quality teachers already in the system, and to attract highly educated and qualified candidates into the teaching profession. Others have suggested we increase the workload or homework that students are expected to complete. Another suggestion is "competency testing" for teachers to verify educators' qualifications. The implementation of a mandatory "graduation test" that each student would be required to pass in order to receive his diploma is another idea being considered.

As physicians, most of us have found that our own formal medical education stressed a high level of competence in the sciences, but with insufficient emphasis on communication—both written and verbal. Consequently, many of us lack the skills for effective communication. We encounter problems related to this deficiency regularly—poorly written letters and improperly worded medical documents. In an adversary legal atmosphere this is not a deficiency to be tolerated.

What can we do to address this problem as it relates to our profession? We must urge educators to upgrade the current curricula at the high school and college levels. Medical colleges must also address the need for communications-related studies as a regular part of their programs. Applicants to medical schools must be required to have proficient language skills. As we enter the "information age," it is important that we stress the development of language skills. Otherwise, our new physician graduates will be ill-equipped for the challenging times ahead. Perhaps we should also consider "computer literacy" training as a requirement in medical college. The educational process should help us adapt to the changes in our world.

Education is not a commodity we acquire when we're young to last us a lifetime. It is a lifelong process involving the questioning and review of what we know to develop new concepts and abilities. Education is an evolutionary process.

Let us demand the best possible student, who is as capable in the humanities as in the sciences. Well-rounded educational backgrounds will produce professionals who can improve doctor-patient relationships through better communication and mutual trust.

David A. Smith, MD
Medical Editor

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Cost of care dominant issue, new president says

Karen K. Davis

"There aren't any problems in medical care more important than cost," said R. Robert Tyson, MD, who will take office as the 137th president of the Pennsylvania Medical Society on October 18, 1986, at the Society's Annual Meeting in Pittsburgh. "The cost of medical care is tied to other serious issues medicine faces in the coming years, such as the liability insurance situation, outside control of medicine, and physician education," Dr. Tyson said.

Liability insurance

"The liability insurance problem is a real one for the public as well as for the physicians," Dr. Tyson said. "No question it increases the cost of medical care as doctors charge more to cover their costs and practice defensive medicine—ordering more tests and consultations to protect themselves in case somebody challenges them later on."

He said, "There is a need for change, but that won't occur unless reforms are made in the tort system.

"Part of the problem with the system is inequity in distribution of money," Dr. Tyson continued. "According to some studies, as little as 30 percent of all the money goes to the injured person. The majority of it goes to the legal profession and a small amount goes to the insurance company.

"I don't think it is appropriate to spend such high amounts of money on the system. The lawyers have claimed they are protecting the public, and that the threat of a lawsuit will steer the medical profession in a better direction.

"I think there are better ways to safeguard quality," he countered. "For example, the Pennsylvania Medical Society has backed disciplinary actions to be taken against physicians who are practicing inappropriately. Recent changes in the Medical Practice Act, which we supported, are part of that effort."

Besides tort reform to limit awards, there is only one other way the current atmosphere could be improved, according to Dr. Tyson. "The citizens of this country would have to decide to be less litigious than they have been.

"We might see a change in attitudes, now that people are having trouble keeping ice skating rinks and swimming pools open, and having summer programs for children. A lot of people are seeing the high price of liability insurance for offering these activities.

"If things aren't changed and we look 10 to 15 years down the line, there are going to be some very severe repercussions," Dr. Tyson said. "Medical students are going to avoid high-risk specialties. Physicians are going to avoid high-risk geographic areas. Doctors are going to retire early because they can no longer afford the costs of a limited practice. There are going to be some great losses if we can't get the situation under control."

Cost containment

A second problem related to cost, Dr. Tyson said, is encountered when nonphysicians control the way medicine is practiced. "There is no question that those who are paying the bills have the opportunity to direct how the money is spent," Dr. Tyson said. "That could be good or bad. It could be bad if those in control don't understand the subjective nature of medicine and how difficult it is to measure quality."

Dr. Tyson's work in the past two years as the Society's liaison to the cost containment coalition of the Pennsylvania Chamber of Commerce shows his position on this issue—one favoring control by market forces, rather than by a bureaucracy.

"The state Chamber of Commerce appointed a committee to draft a cost containment bill. Representatives from the Hospital Association of Pennsylvania, the Blue Cross and Blue Shield plans, and the chamber made up the committee," he said. Medical researcher Walter McClure was its moderator. Dr. Tyson represented PMS.

"Our bill promoted a council, and required the government to mandate that data be given to the council. This bill, submitted by the four groups together, went into the hopper with a host of other bills.

"A bill released from the House Health and Welfare Committee was opposed by both business and providers," he said. After further negotiations with interest groups, lawmakers, and the administration, a bill, "which was pretty close to the one our group had submitted, came out attached to another bill. It still has some defects in my opinion, but at least it's an effort to collect data and let competition solve the problem."

The new law authorizes the collection of data by a 21-member health care cost containment council. Members on the council will include representatives of the administration, business, labor, insurers, consumers, and providers. The council will collect data on specific episodes of treatment in hospitals and medical ambulatory care settings, and then develop a system to measure quality of health care.

Medical education

"The cost of medical education is part of the whole problem," Dr. Tyson said. Medical education has increased in cost to the point that the profession is limited to people who can afford to get that education. The poor are being eliminated from medical school unless they can find a way to get outside funding."

He added, "A difficult question to answer is 'why should the government pay to support the cost of medical education when these students are going into one of the highest paying professions available?' I guess the answer is that if we don't have outside funding, we'll end up with too few doctors.

"Our problem is 'how do we adjust the pipeline to be sure we'll have enough physicians at the other end—so we don't have too many or too few?' Adjustments we make now aren't going to have an effect until years later."

Determining the medical school curriculum affects the cost of education, he said. "We have gotten caught up in doing our medical education in an ideal

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Acute Abdominal Conditions: The administration of narcotics may obscure the diagnosis or clinical course of patients with acute abdominal conditions.
PRECAUTIONS
Special Risk Patients: VICODIN should be used with caution in elderly or debilitated patients and those with severe impairment of hepatic or renal function, hypothyroidism, Addison's disease, prostatic hypertrophy or urethral stricture.
Information For Patients: VICODIN, like all narcotics, may impair the mental and/or physical abilities required for the performance of potentially hazardous tasks such as driving a car or operating machinery; patients should be cautioned accordingly.
Cough Reflex: Hydrocodone suppresses the cough reflex; caution should be exercised when VICODIN is used postoperatively and in patients with pulmonary disease.
Drug Interactions: The CNS-depressant effects of VICODIN may be additive with that of other CNS depressants. When combined therapy is contemplated, the dose of one or both agents should be reduced. The use of MAO inhibitors or tricyclic antidepressants with hydrocodone preparations may increase the effect of either the antidepressant or hydrocodone. The concurrent use of anticholinergics with hydrocodone may produce paralytic ileus.
Usage in Pregnancy: Pregnancy Category C. Hydrocodone has been shown to be teratogenic in hamsters when given in doses 700 times the human dose. There are no adequate and well-controlled studies in pregnant women. VICODIN should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.
Nonteratogenic Effects: Babies born to mothers who have been taking opioids regularly prior to delivery will be physically dependent. The intensity of the syndrome does not always correlate with the duration of maternal opioid use or dose.
Labor and Delivery: Administration of VICODIN to the mother shortly before delivery may result in some degree of respiratory depression in the newborn, especially if higher doses are used
Nursing Mothers: It is not known whether this drug is excreted in human milk; therefore, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother.
Pediatric Use: Safety and effectiveness in children have not been established.
ADVERSE REACTIONS
Central Nervous System: Sedation, drowsiness, mental clouding, lethargy, impairment of mental and physical performance, anxiety, fear, dysphoria, dizziness, psychic dependence, mood changes.
Gastrointestinal System: Nausea and vomiting may occur; they are more frequent in ambulatory than in recumbent patients. Prolonged administration of VICODIN may produce constipation
Genitourinary System: Ureteral spasm, spasm of vesical sphincters and urinary retention have been reported
Respiratory Depression: (See WARNINGS.)
DOSAGE AND ADMINISTRATION: Dosage should be adjusted according to the severity of the pain and the response of the patient. However, tolerance to hydrocodone can develop with continued use, and the incidence of untoward effects is dose related.
The usual dose is one tablet every six hours as needed for pain. (If necessary, this dose may be repeated at four-hour intervals.) In cases of more severe pain, two tablets every six hours (up to eight tablets in 24 hours) may be required.
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way. It would be easy to increase medical school from four to six years! Many new recommendations come to medical schools about what new courses should be put into the curriculum—and yes, these new areas of study are important, but what do we take out to make room for them?"

Training

Born and raised in Philadelphia, Dr. Tyson earned his bachelor's degree at Dartmouth College, where he took the premedical program. "My father was a physician, and I made up my mind pretty early that I was going to be a physician, too," he said. "Dartmouth had a program that gave you a college degree with credit toward medical school. I took that program and transferred to the University of Pennsylvania (School of Medicine) to finish."

The U.S. entered World War II the year before Dr. Tyson started at Penn. "Our class volunteered for the service and we were assigned to medical school, which continued through the whole year." He graduated in 1944.

The great demand for physicians, because of the war, caused graduate programs to be accelerated. Dr. Tyson spent nine months as an intern, and nine months as a surgical resident, and then went on to active duty. He was on the house staff of the Graduate Hospital of the University of Pennsylvania for both periods of training.

After six months at the Philadelphia Naval Hospital, Dr. Tyson was assigned as "the only medical officer on board a heavy cruiser," the U.S.S. Oregon City. He boarded in September, 1946—the war was over. The ship was part of the Atlantic fleet.

Career at Temple

After leaving the Navy in 1948, Dr. Tyson chose Temple University Hospital for additional residency training in surgery. At the completion of this work, he was assistant to W. Emory Burnett, MD, then chairman of surgery at Temple. He became a full-time member of the faculty at Temple, progressing over time from instructor to chairman of the department of surgery, the post he held from 1973-1983.

Dr. Tyson's career in surgery focused on vascular surgery. He was the first to do small vessel surgery, and he published and lectured on vascular techniques. He also researched bowel flora with Earl Spaulding, MD, former chief of microbiology at Temple.

Throughout his career at Temple, Dr. Tyson served on various committees at the university's hospital, and was a consultant in surgery at other hospitals, including Wilkes-Barre Veterans Administration Hospital, Germantown Hospital, and Phoenixville Hospital.

Participation in organized medicine

Dr. Tyson joined organized medicine during his early years at Temple. He worked on committees at the county level before he was elected a delegate to the PMS House. He was vice president of Philadelphia County Medical Society in 1969, and served as president in 1972.

His early committee work at both the county and state levels dealt with malpractice and insurance. In Philadelphia, he was chairman of the Medical Economics Committee, and served on subcommittees on insurance and investments, group insurance, and health insurance, as well as the Medical Legal Affairs Committee, and the Malpractice Affairs subcommittee. At the state level, he was a member of the Commission on Professional Liability Insurance, the Joint Committee on Professional Liability Insurance to the Pennsylvania Bar Association, and the Inter-Professional Committee on Legal Procedures Related to Health.

In recent years, Dr. Tyson participated on the state Society's Committee on Planning and Evaluation, and as chairman of the Council on Education and Science. On the national level, he first served as alternate delegate to the American Medical Association's House from 1969 to 1977, and then as delegate from 1977 to the present.

"I have enjoyed these activities," he said, "because they take me away from the details of my specialty and into some broader aspects of medicine that concern physicians and their patients.

"Organized medicine offers a way physicians can be heard and understood by the public," he went on. "Physicians have knowledge about the threats to public health and should lead in finding appropriate ways to manage these threats. The county and state societies and the AMA are interested primarily in public affairs. All other medical organizations are scientifically oriented and their focus is on specific educational topics. Organized medicine emphasizes public relationships and its goal is to promote the welfare of the public."

One way physicians can be advocates for patients is to join together to effect changes in legislature that would benefit the public, Dr. Tyson said. "Not many physicians have been involved in politics, and this is becoming a disadvantage. The only way to accomplish political ends is to get as many people as possible to work toward a common goal. I think the regional mass meetings were an effort to do that—but that's just one episode. We must continue to communicate with our legislators!" he emphasized. "The regional meetings demonstrated to our legislators that we have the support of large numbers of physicians in trying to gain tort reform. Now we must persuade physicians to take more time to learn to relate to people in the legislature. I think that is essential if we are to make any progress in protecting the welfare of the citizens."

A diplomate of the American Board of Surgery and a Fellow of the American College of Surgeons, Dr. Tyson has been active in a number of other professional organizations. He is a member of the American Federation for Clinical Research, the New York Academy of Sciences, the International Cardiovascular Society, the Society of Surgical Chairmen, the Society for Vascular Surgery, and the American Surgical Association.

He is past president of the Philadelphia Academy of Surgery and the Pennsylvania Association for Thoracic Surgery. He is a member of the College of Physicians of Philadelphia, the Physiologic Society of Philadelphia, and the Delaware Valley Vascular Society.

Now retired from surgical practice, Dr. Tyson and his wife, Ellie, live on a farm in Bradford County, near the New York border. In addition to his activities in organized medicine, he keeps busy with a number of hobbies. "I enjoy almost anything I can do with my hands," he said, naming gardening, plant propagation, and woodworking as his main crafts. He also enjoys skiing, hiking, fishing, photography, and traveling, he said.

The Tysons have three children, a son and twin daughters. Their son, Michael, is a geologist in Arizona. One daughter, Virginia, teaches science courses at Tilton School in New Hampshire. The other daughter, Leslie, is a nurse at Memorial Sloan Kettering Cancer Center in New York City.

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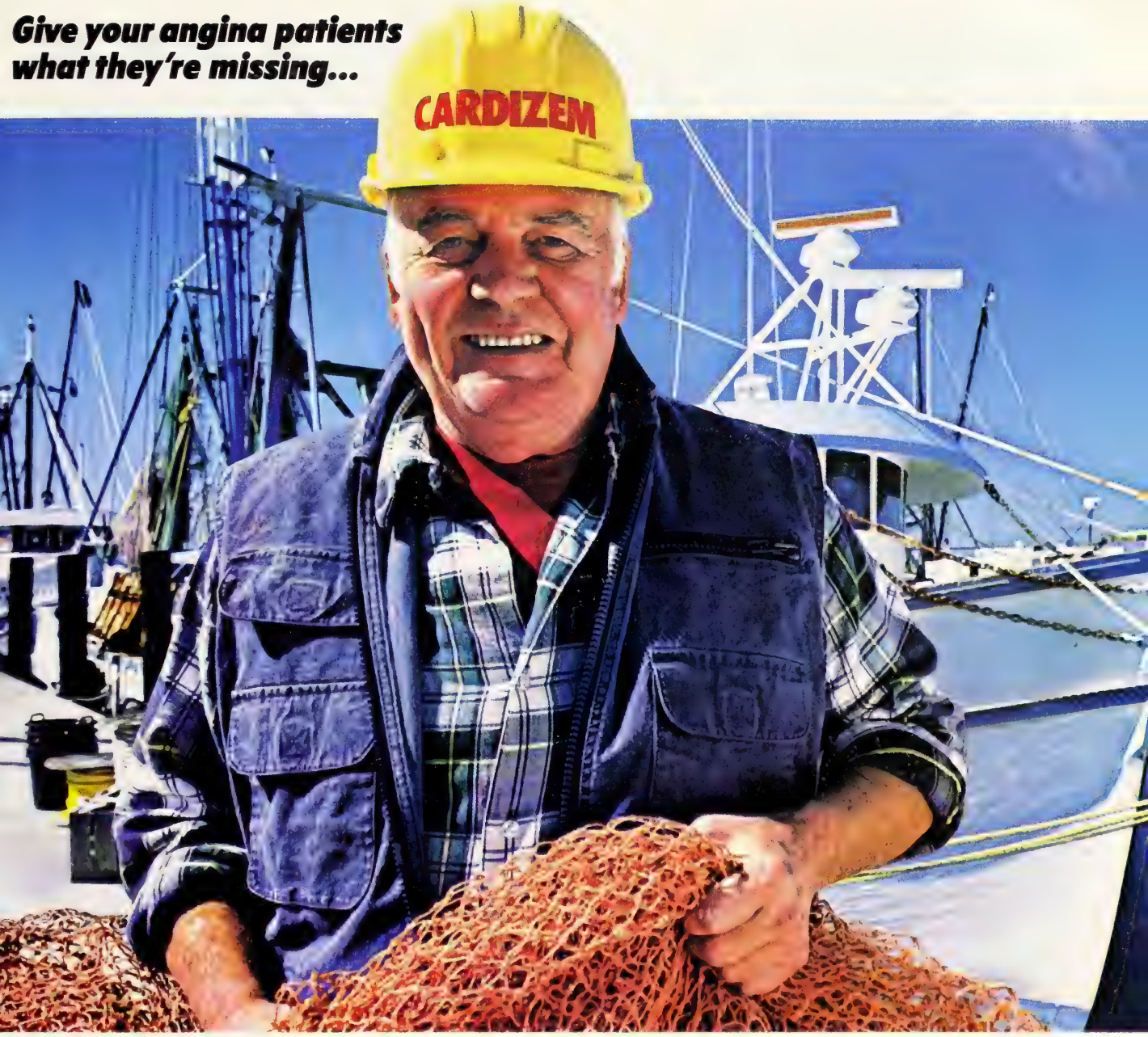

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CONTRAINDICATIONS

CARDIZEM is contraindicated in (1) patients with sick sinus syndrome except in the presence of a functioning ventricular pacemaker, (2) patients with second- or third-degree AV block except in the presence of a functioning ventricular pacemaker, and (3) patients with hypotension (less than 90 mm Hg systolic)

WARNINGS

1. **Cardiac Conduction.** CARDIZEM prolongs AV node refractory periods without significantly prolonging sinus node recovery time, except in patients with sick sinus syndrome. This effect may rarely result in abnormally slow heart rates (particularly in patients with sick sinus syndrome) or second- or third-degree AV block (six of 1,243 patients for 0.48%). Concomitant use of diltiazem with beta-blockers or digitalis may result in additive effects on cardiac conduction. A patient with Prinzmetal's angina developed periods of asystole (2 to 5 seconds) after a single dose of 60 mg of diltiazem.
2. **Congestive Heart Failure.** Although diltiazem has a negative inotropic effect in isolated animal tissue preparations, hemodynamic studies in humans with normal ventricular function have not shown a reduction in cardiac index nor consistent negative effects on contractility (dp/dt).
   Experience with the use of CARDIZEM alone or in combination with beta-blockers in patients with impaired ventricular function is very limited. Caution should be exercised when using the drug in such patients.
3. **Hypotension.** Decreases in blood pressure associated with CARDIZEM therapy may occasionally result in symptomatic hypotension.
4. **Acute Hepatic Injury.** In rare instances, significant elevations in enzymes such as alkaline phosphatase, CPK, LDH, SGOT, SGPT, and other symptoms consistent with acute hepatic injury have been noted. These reactions have been reversible upon discontinuation of drug therapy. The relationship to CARDIZEM is uncertain in most cases, but probable in some. (See PRECAUTIONS.)

PRECAUTIONS

General. CARDIZEM (diltiazem hydrochloride) is extensively metabolized by the liver and excreted by the kidneys and in bile. As with any new drug given over prolonged periods, laboratory parameters should be monitored at regular intervals. The drug should be used with caution in patients with impaired renal or hepatic function. In subacute and chronic dog and rat studies designed to produce toxicity, high doses of diltiazem were associated with hepatic damage. In special subacute hepatic studies, oral doses of 125 mg/kg and higher in rats were associated with histological changes in the liver which were reversible when the drug was discontinued. In dogs, doses of 20 mg/kg were also associated with hepatic changes; however, these changes were reversible with continued dosing.

Drug Interaction. Pharmacologic studies indicate that there may be additive effects in prolonging AV conduction when using beta-blockers or digitalis concomitantly with CARDIZEM. (See WARNINGS.)

Controlled and uncontrolled domestic studies suggest that concomitant use of CARDIZEM and beta-blockers or digitalis is usually well tolerated. Available data are not sufficient, however, to predict the effects of concomitant treatment, particularly in patients with left ventricular dysfunction or cardiac conduction abnormalities. In healthy volunteers, diltiazem has been shown to increase serum digoxin levels up to 20%.

Carcinogenesis, Mutagenesis, Impairment of Fertility. A 24-month study in rats and a 21-month study in mice showed no evidence of carcinogenicity. There was also no mutagenic response in in vitro bacterial tests. No intrinsic effect on fertility was observed in rats.

Pregnancy. Category C. Reproduction studies have been conducted in mice, rats, and rabbits. Administration of doses ranging from five to ten times greater (on a mg/kg basis) than the daily recommended therapeutic dose has resulted in embryo and fetal lethality. These doses, in some studies, have been reported to cause skeletal abnormalities. In the perinatal/postnatal studies, there was some reduction in early individual pup weights and survival rates. There was an increased incidence of stillbirths at doses of 20 times the human dose or greater.

There are no well-controlled studies in pregnant women, therefore, use CARDIZEM in pregnant women only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers. Diltiazem is excreted in human milk. One report suggests that concentrations in breast milk may approximate serum levels. If use of CARDIZEM is deemed essential, an alternative method of infant feeding should be instituted.

Pediatric Use. Safety and effectiveness in children have not been established.

ADVERSE REACTIONS

Serious adverse reactions have been rare in studies carried out to date, but it should be recognized that patients with impaired ventricular function and cardiac conduction abnormalities have usually been excluded.

In domestic placebo-controlled trials, the incidence of adverse reactions reported during CARDIZEM therapy was not greater than that reported during placebo therapy.

The following represent occurrences observed in clinical studies which can be at least reasonably associated with the pharmacology of calcium influx inhibition. In many cases, the relationship to CARDIZEM has not been established. The most common occurrences as well as their frequency of presentation are: edema (2.4%), headache (2.1%), nausea (1.9%), dizziness (1.5%), rash (1.3%), asthenia (1.2%). In addition, the following events were reported infrequently (less than 1%).

Cardiovascular	Angina, arrhythmia, AV block (first degree), AV block (second or third degree — see conduction warning), bradycardia, congestive heart failure, flushing, hypotension, palpitations, syncope
Nervous System	Amnesia, gait abnormality, hallucinations, insomnia, nervousness, paresthesia, personality change, somnolence, tinnitus, tremor
Gastrointestinal	Anorexia, constipation, diarrhea, dysgeusia, dyspepsia, mild elevations of alkaline phosphatase, SGOT, SGPT, and LDH (see hepatic warnings), vomiting, weight increase
Dermatologic	Petechiae, pruritus, photosensitivity, urticaria
Other	Amblyopia, dyspnea, epistaxis, eye irritation, hyperglycemia, nasal congestion, nocturia, osteoarticular pain, polyuria, sexual difficulties

The following postmarketing events have been reported infrequently in patients receiving CARDIZEM: alopecia, gingival hyperplasia, erythema multiforme, and leukopenia. However, a definitive cause and effect between these events and CARDIZEM therapy is yet to be established.

Issued 7/86

See complete Professional Use Information before prescribing.

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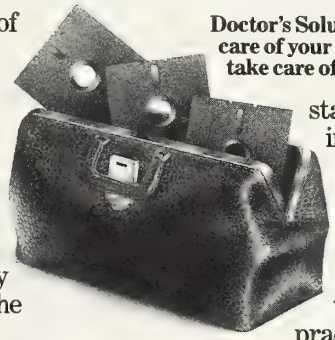

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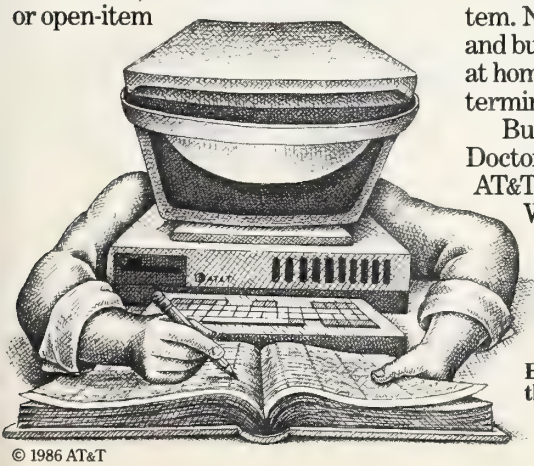

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Drug diversion study group issues call for action

Karen K. Davis

The Pennsylvania Medical Society has led the way in a statewide program designed to identify and reduce problems related to diversion and abuse of prescription drugs. The Department of Health and a number of professional associations and enforcement agencies joined to put into effect the Prescription Abuse Data Synthesis Program (PADS), developed by the American Medical Association, to study misuse of prescription drugs in Pennsylvania and develop intervention strategies. The project culminated in a report of findings and recommendations, recently released by Secretary of Health H. Arnold Muller, MD.

Data analysis

The study said Pennsylvania is among the states most seriously affected by diversion of prescription drugs. Data from the report showed the state was number one nationwide in the consumption rate for four of the top six legally prescribed addicting drugs in 1984. In that year, Pennsylvania had the highest per capita consumption of amphetamine, phenmetrazine, secobarbital, and methaqualone (no longer available).

The study also cited statistics in 1984 showing Philadelphia residents were consuming amphetamines at seven times the national average. Lancaster residents were consuming amphetamines at 11 times the national average. Nine medical practitioners were responsible for 23 percent of Pennsylvania's amphetamine purchases in 1984, the report said. Across the state residents consumed amphetamines at four times the national average.

In the use of methamphetamine, the study said that in 1984 Philadelphia consumed 6.5 times the national average, Reading 14.5 times that average and Pottsville, 19 times the U.S. average on a per capita basis.

Methaqualone consumption in Philadelphia in 1984 was eight times the U.S. average. In Pittsburgh, consumption was 12 times the national average. Two retail pharmacies in Pittsburgh were responsible for 28.2 percent of Pennsylvania's methaqualone purchases.

Dr. Muller said, "Only a small number of professionals overprescribe and improperly distribute prescription drugs. However, the findings show that drug pushing in Pennsylvania is not limited to heroin, cocaine, and marijuana found in the street-level dealings."

"Prescription drug abuse results in more injuries and death in the United States than all illicit drugs combined," he added.

Although the diversion of prescription drugs may occur at any point in the production and distribution chain, a significant majority of these drugs are diverted at the level of the practitioner and retail pharmacy, according to the study. The report identified four categories of diverters:

Dated—practitioners who have not kept up with developments in pharmacology, and who lack proper information or understanding on drug therapy

Duped—practitioners who are taken in by patients' ruses or insistent demands for medication

Disabled—practitioners whose professional competence has been impaired by drug abuse, alcoholism, or other physical or emotional disorders

Dishonest—practitioners who willfully and knowingly prescribe controlled drugs for purposes of abuse, usually for profit.

PADS model

As called for in the PADS model, representatives of the various organizations participating in the study met to gather and analyze data. Benjamin Calesnick, MD, chairman of the Society's Commission on Therapeutic and Toxic Substances, represented PMS at meetings from October 1985 through March 1986. Representatives were divided into four working groups.

The *Policy Group* was the coordinating body.

The *Technical Group* consisted of agency representatives familiar with the data systems of their respective agencies. This group coordinated, collected, and analyzed data available in the state. This group recommended data systems be enhanced for future use after completion of the PADS project and that agencies continue to distribute and share data.

The *Regulatory/Enforcement Group* consisted of representatives of agencies involved in regulatory and enforcement activities. The enforcement group defined current intervention resources and said additional manpower and cooperation between agencies is needed to combat prescription drug diversion. They recommended regulations be changed to require dispensing practitioners to report on a monthly basis all Schedule II drugs they dispense, as retail pharmacies are currently required to do.

The *Professional Associations Group* consisted of representatives from health professional organizations and the Pennsylvania Bar Association. This group was responsible for developing programs in education and for impaired practitioners. The group recommended additional support for impaired practitioner programs. It recommended promulgation of regulations on amphetamines to be passed by the medical and osteopathic boards at minimum.

In addition, the study groups made the following recommendations:

- Law enforcement authorities should immediately notify the appropriate medical board prosecutors when criminal charges have been filed against a practitioner.
- Upon notification that criminal charges have been filed, the medical board prosecutor should contact the Commonwealth attorney responsible for prosecuting the criminal charges and discuss options.
- The attorney general, the medical boards and their prosecutors, and the district attorneys should be urged to establish specific procedures for exchanging criminal and administrative options concerning dishonest practitioners engaged in drug diversion.
- Impaired practitioners should be rehabilitated, not prosecuted. Practitioners who are diverting drugs on a criminal scale should not be allowed to enter treatment as a means to avoid criminal actions.
- In dealing with impaired profes-

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Rate increases for insurance may set record

The year 1986 may go down in history in Pennsylvania as the 12-month period during which more medical professional liability insurance rate increases were filed for and approved by the Pennsylvania Insurance Department than any other. With more than two months remaining in the year, no less than eight physicians' and surgeons' rate filings were received by the department and these ranged from a low of 24.5% to a high of 200%. Every active participant in the Pennsylvania medical professional liability marketplace was involved, as shown on the chart below.

The Insurance Services Office is not an underwriter of risk but rather is a nationwide data gathering and rate making organization to which new or smaller companies may subscribe in order to avoid making an independent rate filing. It is important that the ISO have an appropriate rate level since study groups and legislative bodies often lean toward ISO statistics rather than individual company statistics and it is therefore important that realistic rates are in place that are reflective of Pennsylvania's current malpractice climate.

Despite the lengthy list of companies which are now operating in Pennsylvania with newly approved rate structures, it should be recognized that the marketplace is nonetheless restricting at this time. Several of the companies below are not accepting new business applications but are simply renewing existing business at enhanced rates.

Insurance Company	Increase Requested	Increase Approved	Approval Date
PMSLIC	24.5%	24.5%	4/1/86
PIE Insurance Company	50%	50%	4/1/86
St. Paul	104.5%	50%	5/1/86
JUA	51%	51%	5/1/86
Medical Protective	39.7%	32%	7/1/86
Professional Mutual Insurance Company	200%	100 + %	8/1/86
PHICO	63%	55%	9/1/86
Insurance Services Office (ISO)	140%	(pending)	

Drug diversion study group issues call for action

sionals who are involved in prescription drug misuse, abuse, and diversion, the primary focus of corrective measures should be the protection of the health and welfare of the general public.

Organizations participating in the program, in addition to PMS, are: the Federal Drug Enforcement Administration, Hospital Association of Pennsylvania, Pennsylvania Bar Association, Pennsylvania Commission on Crime and Delinquency, Pennsylvania Dental Association, Pennsylvania Nurses Association, and the office of the attorney general.

Also participating are: the Pennsylvania Osteopathic Medical Association, the Pennsylvania Pharmaceutical Association, the Pennsylvania Podiatry Medical Association, the Pennsylvania State Police, the Pennsylvania Veterinary Medical Association, and the departments of health, aging, public welfare, and state.

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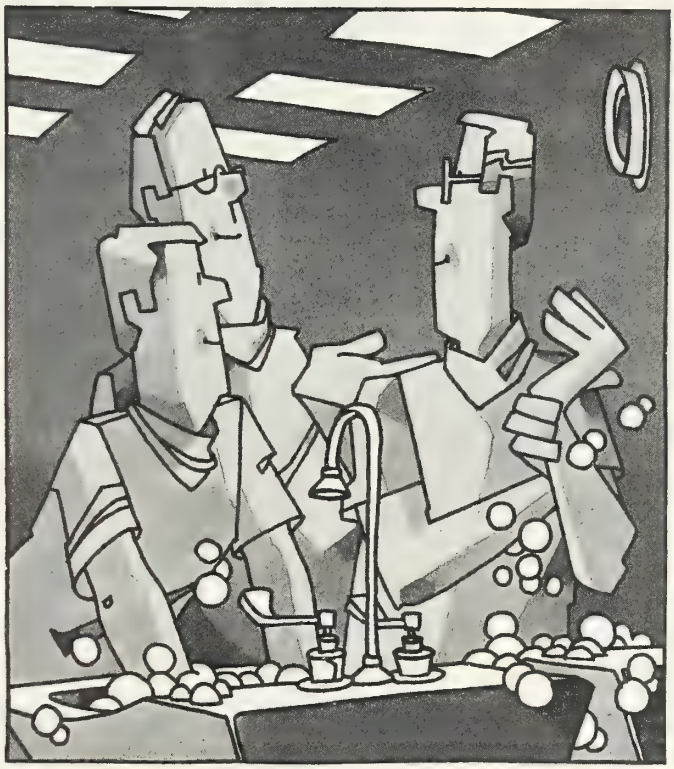

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More drugs added to generic formulary

The Pennsylvania Department of Health has added 265 drugs to the state's generic drug formulary.

Jack B. Ogun, director of the Health Department's Division of Drugs, Devices, and Cosmetics, said the list of drugs and their generic equivalents includes Valium (diazepam), Dalmane (flurazepam), Ativan (lorazepam), Inderal (propranolol), Restoril (temazepam), and Motrin (ibuprofen).

When notice of the proposed additions to the formulary was published in the *Pennsylvania Bulletin* in March, several comments were made by physicians concerned that "the generic brands of dipyridamole (one of the new drugs listed) might not provide adequate bioavailability in the treatment of certain specific cardiovascular conditions." These comments were reported in the June 14, 1986, issue of the *Pennsylvania Bulletin,* which also said, "Physicians concerned about the generic equivalency of drugs for unusual indications can sign prescriptions so as to prevent any substitution from taking place."

Additions to the formulary were effective upon publication in the July 12, 1986, issue of the Pennsylvania Bulletin. For more information, contact Jack B. Ogun, RPh, Director, Division of Drugs, Devices, and Cosmetics, Department of Health, Box 90, Harrisburg, PA 17108; (717) 787-2307.

Psychiatrists educate public

Mental Illness Awareness Week is October 5-11. During this week, the Pennsylvania Psychiatric Society is working to raise the public's awareness of mental illnesses and their treatments.

As part of the week's activities, psychiatrists are contacting various media across the state to develop news reports and feature stories about mental illnesses. "We feel greater efforts in public education will enable more people to recognize the symptoms of mental illness and be treated successfully," said a spokesman for the psychiatric society.

Officers of the Pennsylvania Psychiatric Society are: Helen S. Wagenheim, MD, Philadelphia, president; Edward C. Leonard Jr., MD, Philadelphia, president elect; and Denis J. Milke, MD, Harrisburg, vice president.

Hahneman, HealthEast form new affiliation

Hahnemann University of Philadelphia and HealthEast of Allentown recently established a formal relationship that goes beyond the usual academic affiliation between medical schools and teaching hospitals.

Hahnemann and HealthEast, the parent company of Allentown Hospital and the Lehigh Valley Hospital Center, have established a task force to study the development of new programs and services. The task force will investigate organizational structures, including joint ventures, shared governance, and joint purchasing and service arrangements.

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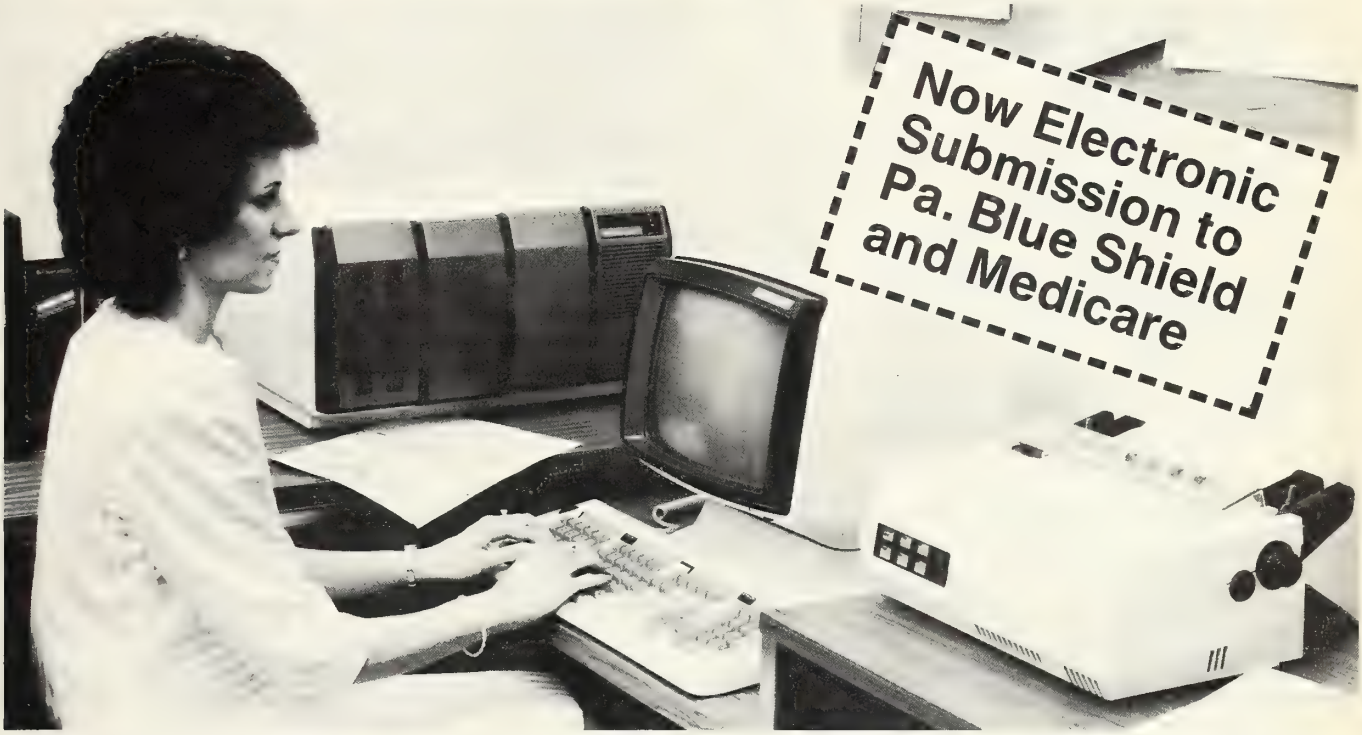

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Are DRGs cost containment vehicles?

Hal Broderson, MD

The true value of PPS lies in the fact that it has alerted people to the problem of soaring medical costs and has forced action—in a big way. When the dust settles, organized medicine will have a different face. Will it be wrinkled?

Cost containment is the dominant issue in health care today. The literature is replete with familiar data: Total health care expenditures in 1984 were $387 billion or $1,600 for every man, woman, and child in this country. The payers are systematically exerting their influence. Led in 1983 by the federal government's introduction of prospective reimbursement for Medicare patients, corporate America is demanding change.*†

Indeed, change is occurring at an unprecedented, explosive pace. Competition is fierce. Innovative approaches abound. All approaches attempt to limit rising health care costs. All rely on the same fundamental concept: altering physician practice patterns. This paper focuses on the rationale behind and the limitations of altering physician practice patterns to curb costs. The prospective pricing system (PPS) will be examined in this context, attempting to predict whether its proposed cost saving benefits will be realized. Finally, this paper will suggest and briefly examine alternative approaches to PPS.

As a preliminary matter, it is helpful to note an important distinction between cost containment and cost shifting. Cost containment attempts to keep health care costs within certain boundaries, typically at or below the overall inflation rate. Cost shifting skirts the issue of soaring costs altogether and merely redistributes these costs among the payers. The net result is that somebody pays more than his fair share. Obviously, since all parties responsible for paying the bills (government, third party insurers, and consumers, including corporate America) desire to keep costs down, none are likely to tolerate "shifted" costs. Further, cost shifting fails to achieve the desired goal of lowering the overall price of health care. Thus, this paper will focus primarily on cost containment rather than cost shifting.

Cost containment has as its central theme the idea that one can reduce total health care costs by altering physician practice patterns. Obviously, implicit in this theory is the belief that physician practice patterns cause inflated costs. Is this theory justified? Research reveals that it is. The problem of overuse is in the hands of the medical profession.[4] In 1980, Relman[5] conservatively estimated that more than 70 percent of all health care expenditures are directly influenced, if not completely controlled by, the decisions of doctors. Further, numerous studies* point out that regional variations in physicians' practice patterns carry corresponding variations in health care costs. Given this high degree of variability without apparent effect on outcome, just how should the medical profession go about changing its practice patterns?

The answer to this question is complex. Opinions vary greatly. It is useful to break medical care into two categories: necessary and unnecessary. The problem, of course, is distinguishing between the two. Angell[9] divides unnecessary care into three categories. This paper will address each of these categories with an eye toward cost containment.

The first category consists of laboratory and radiologic tests ("little-ticket" items) performed without medically valid indications. These items account for about 25 percent of the costs of both

*Despite spending more of its gross national product on health care than any other country, the United States is fifteenth in male life expectancy, seventh in female life expectancy, and thirteenth in infant mortality.

†69% of the population has employer-provided insurance with the employer typically paying 80% of the premium. Health insurance has become a big part of doing business. Last year, business spending on health was almost equal to after-tax corporate profits.

The author is a 1983 AOA graduate of the University of Kentucky College of Medicine. He completed an internship at Presbyterian University of Pennsylvania Medical Center in 1984, and currently is enrolled in the health care management program of the Wharton School, the University of Pennsylvania.

*Wennberg, for example, measured variations in admission rates. Among thirty Maine hospital market areas from 1980 through 1982, he found a 3.5 fold variation in hysterectomy rates. He further classified all the medical and surgical admissions into DRGs. Using hysterectomy rates as a baseline, he found that 90% of the DRGs were associated with hospitalization rates even more variable than the 3.5 fold hysterectomy variation. He concluded that much of this variation stemmed solely from local concepts of what constitutes "good medical practice," and not from underlying differences in the actual health of the populations studied. In other words, physicians' discretion, which was responsible for this widespread variation, is truly pervasive. It necessarily follows that the more operations performed in a given region, the higher the costs. Thus, by controlling physicians' discretion, one can curb costs.

hospital and ambulatory care.[10] Many studies[11,12,13,14,15] have demonstrated overuse of these procedures. One study of a teaching hospital[16] showed that laboratory tests could be cut by 47 percent without any apparent loss in the quality of patient care. Estimated annual savings from eliminating routine chest x-rays alone are $1.5 billion.[17] Clearly, any effective cost containment method must seek to eliminate these unnecessary procedures.

The second category of unnecessary medical care consists of expensive operations and procedures ("big-ticket" items) used in circumstances in which they are of no known value. As discussed, physician discretion (with marked regional variation) controls the use of such procedures. Better research data on the risks and benefits of new technologies are sorely needed to help health care providers recognize and eliminate these unnecessary procedures. Such data, however, are extremely difficult and costly to obtain. Results of well-designed, large-scale studies are often confusing, equivocal, and controversial. Vested interests are involved. Surgeons have a vested interest in seeking surgical solutions to problems. Specialists by nature rely on the latest technological developments to aid them in diagnosis and treatment. Medical research traditionally has not focused on technology assessment, nor on comparing the costs of treatment regimens.

Adequate funding for such research is lacking.[18] In an attempt to resolve these issues, Thurow[19] suggests expanding professional norms constituting "bad medical practices" to include cases where high costs are not justified by expected gain. He advocates converting all American doctors to the practice style of those minimizing their use of medical technology.[20] Unfortunately, given the autonomy of the medical profession and its vested interests, implementation of this plan would be a monumental task. Further, while the incidence of medical malpractice suits remains at an all-time high, physicians are more likely to err on the side of doing more, not less. Thus, any plan aimed at controlling physicians' discretion in this area must be buttressed by powerful legislative or economic incentives.

The third category of unnecessary care involves aggressive treatment of terminally ill patients. This area is charged with emotion and fraught with ethical dilemmas. Thus, regulation in this area (as compared with that in the two preceding areas) must look to much more than cost containment. At the same time, the expense to society of terminal care is immense.* Physicians need to consider quality-of-life issues before initiating costly, intensive medical care.† Tarlov[22] suggests that optimization of outcomes of care will be medicine's central objective in the coming years. In other words, health care providers must engage in a "cost-benefit" analysis before deciding whether terminal care is warranted. Such an analysis would include optimizing self-care and functional ability in society.

Unfortunately, however, the decision to withhold treatment is one with which physicians are uncomfortable and untrained. Most physicians consider themselves their patients' advocates. Certainly, they are taught to "do everything possible." Some consider withholding of treatment a form of "rationing," a word laden with emotion. Still others consider it "playing God." The courts have been inconsistent, confusing, and often obstructive when forced to deal with the issue of treatment of the terminally ill.[23] The fact remains that if the medical profession fails to exert controls in this and in the preceding two areas of unnecessary care, third party controls will evolve.

And evolve they have. In early 1983, in one sweeping measure, the federal government reversed the economic incentives governing hospital and physician behavior for the past century. The passage of PPS by DRG signaled the beginning of what will likely change the organization and delivery of medical care for many years to come. How will DRGs figure into the overall scheme of cost containment?* What are the incentives to hospitals under the DRG system? Will DRGs work?

Many of the incentives to hospitals are straightforward. Unfortunately, however, some of these incentives end up subverting the underlying goals of maintaining quality while containing costs. For example, hospitals can increase profits by providing less care after the patient has been admitted to the hospital. This should result in a corresponding reduction in length of stay. The "down side" of such an accelerated discharge program, however, is that patient care could suffer. Other incentives subvert the goal of cost containment. For example, there are strong incentives for hospitals to alter their "case-mix" towards more profitable DRGs, thus increasing total profits. In fact, there is an incentive to admit any and all patients who might fit into a profitable DRG.** Other incentives include altering diagnostic labelling practices—so called "DRG-creep."†

Finally, the potential exists for breaking one admission into two by separating the diagnostic phase of an admission from the treatment phase. As discussed, these incentives raise some obvious questions. If clear-cut incentives exist to provide fewer services per admission, how will quality of care be monitored?†† There is a fine line between cost containment and compromised care. If it is clearly profitable to admit more patients more often, who will monitor utilization? Until accurate utilization review and control is coupled with PPS, the system has a huge potential for abuse and will be unable to reduce expenditures.

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*About 28% of Medicare payments ($19.6 billion) is spent maintaining people in their last year of life—with 30% of that (representing $5.88 billion) spent in the last month of life. The cost of keeping alive the 5,000 permanently comatose patients (like Karen Ann Quinlan) in the United States runs about $100 million a year.

†Richard Lamm, the governor of Colorado, shocked many Americans by saying "We have a duty to die." Referring to the terminally ill, he said that they should "get out of the way." Morris Abram, former chairman of the Presidential Commission on Medical Ethics put it more diplomatically when he said, "For every illness, there is some procedure that can delay the moment of death. The question is: for how long, at what cost, at what pain, at what suffering?" (New York Times, Jan. 18, 1985, B1). Former Senator Jacob Javitz, himself crippled by a terminal illness (amyotrophic lateral sclerosis) and confined to a wheelchair, fought for uniform national "death with dignity" legislation. He stated "You have an obligation to the society which protected you when you were brought into the world, which taught you, which supported you, and nurtured you. You have an obligation to repay it." (American Medical News, Oct. 25, 1985, p. 14).

*The rationale behind and the actual structuring of PPS as a measure to control federal expenditures is beyond the scope of this paper. (For further reading, see Inglehart, *N. Engl. J. Med.*, 1982, 307:1288-92, and 1983, 308:1428-32.) This paper will, however, discuss the predicted effects of PPS.

**The New Jersey experience confirms these assumptions. New Jersey has been on an all-payer, DRG-based, prospective reimbursement system for a number of years. Analysis of data collected from 1979 through 1982 revealed a 3% decrease in length of stay in New Jersey hospitals, as compared to no change in the nation. Hospital admissions per 1,000 population, however, increased 4% in New Jersey during that time period, as compared to only a 1% increase in the nation. Given the widespread physician discretion previously discussed, physicians can just as easily increase their admission patterns as decrease them, yet still remain within the limits of medical appropriateness.

†"DRG-creep" means picking as the principle diagnosis the discharge diagnosis associated with the highest reimbursement amount, rather than the actual diagnosis occassioning the admission.

††This problem has been referred to as the "sicker but quicker" phenomenon, since the patient is discharged earlier, but possibly in poorer health.

The federal government's answers to all of the above questions are the same—Peer Review Organizations (PROs). PROs evolved from their predecessors—PSROs* (Professional Standards Review Organizations), organizations which, at best, were only moderately successful. PSROs were regarded primarily as agents of cost containment, not quality assurance.[27] Their performance was evaluated strictly by pecuniary standards—dollars saved per dollars spent on the PSRO contracts. At the federal level, performance is monitored by regional project officers, none of whom are physicians.** PROs, like their predecessors, are fraught with problems.

The first problem, and a serious one, is the lack of health services research in the area of utilization review itself. How can fifty-four separate organizations with missions to monitor utilization perform their functions when no real guidelines or strict protocols exist for what constitutes inappropriate utilization in the first place? Further, it is absurd to expect that PROs can monitor quality of care as well as utilization review. The actual reviewers of the hospital charts are nurses or medical technicians. Without any true guidelines, how can the federal government expect these people to evaluate "avoidable death," "substandard care during the prior admission," "unnecessary surgery or other invasive procedures," "invasive procedures for specific DRGs, practitioners, or hospitals," just to name a few of the PRO's legally-mandated objectives. Even with clear guidelines, given the nature and complexity of medical care in this country, it is naive to think that non-physicians can truly monitor overall quality of care. Add to this problem the lack of guidelines with which to perform objectives, and it is not surprising to find extreme variability in individual PRO reduction targets.†

The second problem is that HCFA has been given neither the responsibility nor the funds to study the long-term effects of PPS.†† The federal government, in enacting the most sweeping and obvious Medicare reform since its inception, yet failing to provide the supervision, direction, or funds to assess its longterm impact, seems irresponsible.

If PPS is not the answer, what is? As naive as the federal government might be in expecting PROs to accomplish their missions, no one seems to have all the answers. As previously discussed, altering physician practice patterns, at the heart of all cost containment mechanisms, is no easy task. But there are better ways than PPS. The key con-

*Of the fifty-four PRO contracts, thirty-seven were grabbed by former PSROs.

**Review of the overall program has been delegated to a "SuperPRO," SysteMetrics, which is a subsidiary of McGraw Hill.

†For example, in Kentucky, proposed reduction in admissions for procedures that could be performed on an outpatient basis was 29 per 100,000 Medicare admissions, while in Florida, the number was 3,264 per 100,000. Whereas Arizona promised to reduce 90 admissions in 4 hospitals, Tennessee aimed at 91,866 statewide; these figures are equivalent to 42 and 13,250 per 100,000 Medicare admissions respectively. Despite monitoring of the same procedure (lens procedures), estimated reductions in admissions ranged from 76% in Florida and Minnesota, to 25% in Georgia to 10% in Iowa.[29] The Health Care Financing Administration (HCFA) canceled the PRO contracts in Massachusetts and Pennsylvania as a result of inadequate performance. The South Carolina Medical Care Foundation, the nation's oldest PRO, recently canceled its federal contract in a dispute over policy (American Medical News, Oct. 8, 1985, p. 1).

††For that matter, according to a recent report prepared by the Office of Technology Assessment, "At present, the funds and personnel necessary for the conduct of a comprehensive evaluation of PPS do not appear to be available within any federal agency." (American Medical News, Oct. 8, 1985, p. 2).

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cepts revolve around two things: incentives and risk-sharing. Without the motivation to make a new plan work (incentives), and the threat of economic penalty if the plan fails (risk sharing), no change will occur.

One alternative approach is capitated prepayment systems such as those used by most health maintenance organizations (HMOs). From the perspectives of incentives and risk-sharing, such prepayment systems are a more rational choice than PPS. PPS attempts to cap only inpatient costs on a diagnosis-by-diagnosis basis. It is very hard to administer. It requires strict utilization control in order to be effective. No provisions exist for controlling costs other than inpatient costs. With PPS, the risk is essentially shifted from the federal government to the hospitals, which must absorb any associated losses.

By contrast, capitated prepayment plans place a cap on total health care costs (both inpatient and outpatient), person-by-person. They are simpler to administer. The risk is shifted to the prepayment plan itself. Under most capitated prepayment contracts, physicians usually have an economic stake in the plan, and thus share in the risk. In short, by offering stronger incentives coupled with risk sharing, capitated prepayment promises to contain costs more effectively than PPS.*

A second alternative approach would be to move toward a more traditional view of insurance, i.e., protecting oneself only against high severity, low frequency losses. Catastrophic health insurance would provide this coverage. The responsibility of payment for routine medical care would remain with the individual. To ensure this end, insurance covering non-catastrophic care would have to be prohibited.[30] Again, incentives and risk-sharing are the key elements to this alternative. The incentives to make it work are strong. First, people spend their own money more carefully than someone else's, an obvious assumption confirmed by the Rand Corporation Health Insurance Study.[31] This study looked at the effects of deductibles and copayments on health insurance premiums. Enormous savings could be had.** Lifestyle considerations (e.g., smoking, diet, alcohol intake, exercise) play an important role in health maintenance. Second, with catastrophic insurance, risk is spread among a large populace, in line with traditional insurance concepts.

Both of these alternatives can be structured to eliminate unnecessary treatment more effectively than PPS. Admittedly, neither of these proposed alternatives addresses the aggressive treatment of the terminally ill. While preventive health measures may eliminate certain interim costs, we must all ultimately die. Thus, the issue of terminal care must be addressed at some point. However, as previously stated, this is a question society must answer under the guidance of physicians and other experts. The remaining two areas of unnecessary care may be more easy to eliminate under the proposed alternatives. For example, getting physicians to eliminate "little-ticket" items is largely a matter of physician education. Elimination of "big-ticket" items requires careful structuring of powerful economic incentives, possibly coupled with tort reform.†

Curbing costs, then, involves careful examination of incentives and risks. Prospective payment by DRG is one approach—albeit, a poor one.†† The key to making PPS work lies with PROs. PROs, however, are fraught with serious problems. The true value of PPS lies in the fact that it has alerted people to the problem of soaring medical costs and has forced action—in a big way. When the dust settles, organized medicine will have a different face. Will it be wrinkled? □

*In fact, acting HCFA director, C. McClain Haddow, addressed this issue by saying, "We would like to be moving on to what some call capitation, but we call 'CCCM,' the competitive consumer choice model. We would give consumers a voucher to go shopping." (American Medical News, Oct. 8, 1985, p. 3).

**For example, one large company could have reduced its 1981 insurance benefits costs as much as 56% by only covering medical expenses over $5,000. If coverage were made more generous by including expenses over $1,000, a 32% savings would have been realized. Employers who are fully covered for medical expenses spend about 50% more for health care than do persons with income-catastrophic insurance, with no difference in health status outcome.

†The first major federal legislative attempt to tackle soaring medical malpractice premiums has, in fact, recently been introduced by Senator Orrin Hatch (R., Utah) (American Medical News, Oct. 8, 1985, p. 1).

††Stating the problem in a nutshell, Eli Ginzberg, a noted health economist, said "I have no reason to believe the federal government's efforts to control costs will work. And there is not one scintilla of evidence that it is working." (American Medical News, Oct. 8, 1985, p. 33).

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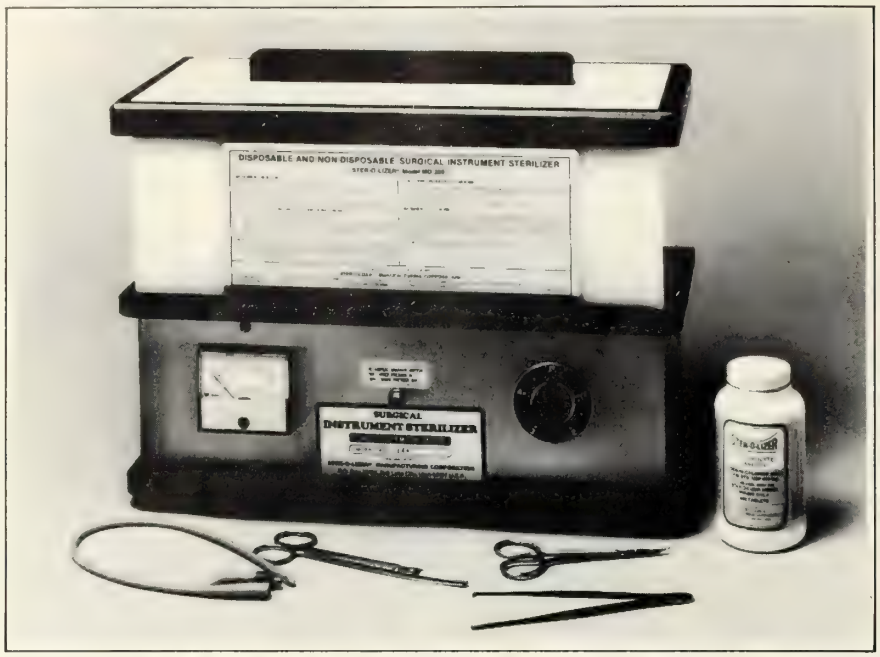

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Watch these races in 1986 election

Robert H. Craig Jr.
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On November 4, 1986, some two million voters will go to the polls across the Commonwealth to cast their ballots. When the polls close and the votes are tallied, those who chose to exercise their right to vote will have elected a new governor and lieutenant governor, a United States senator, 23 members of the U.S. House of Representatives, 25 state senators, and 203 state representatives.

From the top of the ticket on down, 1986 is something of an unusual election year. For starters we are guaranteed to have a new governor and a new administration since Dick Thornburgh by law cannot seek a third term. Lieutenant Governor Bill Scranton emerged from the Thornburgh administration as the unchallenged Republican nominee in 1986. Even if he is elected, it is certain that there will be many new faces throughout executive offices.

The Democratic candidate, Bob Casey, has sought the governorship before, but was not successful in primary elections for that office. Casey was a statewide office holder as auditor general for two terms. He is seen by many observers as a strong candidate to recapture the governor's mansion, which his party has not held for the past eight years.

Incumbent U.S. Senator Arlen Specter is seeking reelection for the first time. His election six years ago was the culmination of a difficult primary campaign and a much easier general election against a Democrat candidate. It has been a long time since an incumbent U.S. Senator was defeated in Pennsylvania—so for many the Specter candidacy seems a safe bet.

Specter has been an active fund-raiser for the six years he has been in the Senate and is expected by many to beat back the challenge of the Democratic candidate, Congressman Bob Edgar. Edgar already has served six terms in the United States House of Representatives. He has been reelected in a district where his party is outnumbered more than two to one in registration. Those strong election showings and his aggressive campaign style have led many to believe that he can mount a successful challenge to the one-term incumbent, Specter.

Twenty-two of our Congressmen are seeking reelection. The only "open" seat was created by Edgar's decision to seek the Senate seat. Thus many see it as likely that the Republican candidate he defeated previously will now be able to win his congressional seat in the Delaware Valley. Local government official Curt Weldon was an impressive campaigner when he ran two years ago. He lost his challenging bid by just 412 votes.

Probably the most noticeable congressional race in Pennsylvania is in the Eleventh District where one term incumbent Paul Kanjorski (D) is challenged by Mark Holtzman (R). Kanjorski, of Wilkes-Barre, was elected to his first term in 1984, when he defeated the incumbent in a Democratic primary contest. This time he is being challenged by Republican Holtzman. Although many give the incumbent the edge in this election, others have not forgotten that Holtzman has raised and spent a significant amount of money in an attempt to unseat the incumbent Kanjorski.

The most obvious fact about the legislative races is the number of incumbents in both the state Senate and the state House who have no opponent or who have won the nomination of both parties. In the state Senate, seven Senators find themselves in that fortunate situation. Five of those are Republicans and two are Democrats.

There are three seats at stake in the state Senate which are unusual for various reasons. In the Tenth District, Bucks County, Republican Senator Ed Howard has decided to retire and his open seat is being heavily contested by James Greenwood (R) and John Rufe (D). Greenwood is presently serving in the state House. In the 16th Senatorial District, Lehigh County, the incumbent, Guy Kratzer, did not seek the Republican nomination, but has since filed as an independent candidate. As a result there are three major candidates in that contest. The GOP nominee is David Bausch, a county official. The Democrat is Roy Afflerbach, a two-term member of the state House.

Incumbent state Senator Edward Early lost his bid for renomination in the Democratic primary, and was replaced by John Regoli. The candidate originally selected by the Republican party has withdrawn from the race and he has been replaced by current state Representative George Pott. Since Pott is viewed as a much stronger candidate for this seat, having served five terms in the House, the Republican opportunity for a takeover looks better.

In this year's election an unbelievable number of 83 state representatives literally have no opposition for reelection. The many reasons why over 40 percent of the state representatives have no challengers include apathy and the widely perceived power of the incumbent. Nevertheless several legislators are retiring and the slim margin that keeps Democrats in power is being challenged by the Republican party, because there are 12 open seats, contests without an incumbent on the ballot. If such a change does not occur, some excitement will stem from the internal decisions to fill several empty committee chairmanships. □

The authors are the staff of the Council on Legislation. Mr. Craig is director, Mr. Rothenberger is assistant director, and Mr. Light is legislative liaison.

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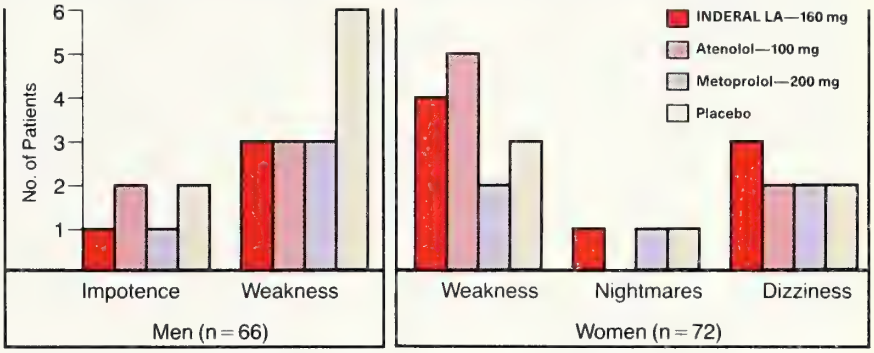

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Hydrochlorothiazide: Hydrochlorothiazide is contraindicated in patients with anuria or hypersensitivity to this or other sulfonamide-derived drugs.

WARNINGS

Propranolol hydrochloride (INDERAL® LA): CARDIAC FAILURE: Sympathetic stimulation may be a vital component supporting circulatory function in patients with congestive heart failure, and its inhibition by beta blockade may precipitate more severe failure. Although beta blockers should be avoided in overt congestive heart failure, if necessary, they can be used with close follow-up in patients with a history of failure who are well compensated, and are receiving digitalis and diuretics. Beta-adrenergic blocking agents do not abolish the inotropic action of digitalis on heart muscle.

IN PATIENTS WITHOUT A HISTORY OF HEART FAILURE, continued use of beta blockers can, in some cases, lead to cardiac failure. Therefore, at the first sign or symptom of heart failure, the patient should be digitalized and/or treated with diuretics, and the response observed closely, or propranolol should be discontinued (gradually, if possible).

IN PATIENTS WITH ANGINA PECTORIS, there have been reports of exacerbation of angina and, in some cases, myocardial infarction following *abrupt* discontinuance of propranolol therapy. Therefore, when discontinuance of propranolol is planned the dosage should be gradually reduced and the patient carefully monitored. In addition, when propranolol is prescribed for angina pectoris, the patient should be cautioned against interruption or cessation of therapy without the physician's advice. If propranolol therapy is interrupted and exacerbation of angina occurs, it usually is advisable to reinstitute propranolol therapy and take other measures appropriate for the management of unstable angina pectoris. Since coronary artery disease may be unrecognized, it may be prudent to follow the above advice in patients considered at risk of having occult atherosclerotic heart disease who are given propranolol for other indications.

THYROTOXICOSIS: Beta blockade may mask certain clinical signs of hyperthyroidism. Therefore, abrupt withdrawal of propranolol may be followed by an exacerbation of symptoms of hyperthyroidism, including thyroid storm. Propranolol does not distort thyroid function tests.

IN PATIENTS WITH WOLFF-PARKINSON-WHITE SYNDROME, several cases have been reported in which, after propranolol, the tachycardia was replaced by a severe bradycardia requiring a demand pacemaker. In one case this resulted after an initial dose of 5 mg propranolol.

MAJOR SURGERY: The necessity or desirability of withdrawal of beta-blocking therapy prior to major surgery is controversial. It should be noted, however, that the impaired ability of the heart to respond to reflex adrenergic stimuli may augment the risks of general anesthesia and surgical procedures.

Nonallergic Bronchospasm (eg, chronic bronchitis, emphysema)—PATIENTS WITH BRONCHOSPASTIC DISEASES SHOULD, IN GENERAL, NOT RECEIVE BETA BLOCKERS. INDERAL should be administered with caution, since it may block bronchodilation produced by endogenous and exogenous catecholamine stimulation of beta receptors.

DIABETES AND HYPOGLYCEMIA: Beta-adrenergic blockade may prevent the appearance of certain premonitory signs and symptoms (pulse rate and pressure changes) of acute hypoglycemia in labile insulin-dependent diabetes. In these patients, it may be more difficult to adjust the dosage of insulin. Hypoglycemic attacks may be accompanied by a precipitous elevation of blood pressure.

Hydrochlorothiazide: Thiazides should be used with caution in severe renal disease. In patients with renal disease, thiazides may precipitate azotemia. In patients with impaired renal function, cumulative effects of the drug may develop.

Thiazides should also be used with caution in patients with impaired hepatic function or progressive liver disease, since minor alterations of fluid and electrolyte balance may precipitate hepatic coma.

Thiazides may add to or potentiate the action of other antihypertensive drugs. Potentiation occurs with ganglionic or peripheral adrenergic-blocking drugs.

Sensitivity reactions may occur in patients with a history of allergy or bronchial asthma.

The possibility of exacerbation or activation of systemic lupus erythematosus has been reported.

PRECAUTIONS

Propranolol hydrochloride (INDERAL® LA): GENERAL: Propranolol should be used with caution in patients with impaired hepatic or renal function. Propranolol is not indicated for the treatment of hypertensive emergencies.

Beta-adrenoreceptor blockade can cause reduction of intraocular pressure. Patients should be told that propranolol may interfere with the glaucoma screening test. Withdrawal may lead to a return of increased intraocular pressure.

CLINICAL LABORATORY TESTS: Elevated blood urea levels in patients with severe heart disease, elevated serum transaminase, alkaline phosphatase, lactate dehydrogenase.

DRUG INTERACTIONS: Patients receiving catecholamine-depleting drugs, such as reserpine, should be closely observed if propranolol is administered. The added catecholamine-blocking action may produce an excessive reduction of resting sympathetic nervous activity, which may result in hypotension, marked bradycardia, vertigo, syncopal attacks, or orthostatic hypotension.

CARCINOGENESIS, MUTAGENESIS, IMPAIRMENT OF FERTILITY: Long-term studies in animals have been conducted to evaluate toxic effects and carcinogenic potential. In 18-month studies, in both rats and mice, employing doses up to 150 mg/kg/day, there was no evidence of significant drug-induced toxicity. There were no drug-related tumorigenic effects at any of the dosage levels. Reproductive studies in animals did not show any impairment of fertility that was attributable to the drug.

PREGNANCY: Pregnancy Category C. Propranolol has been shown to be embryotoxic in animal studies at doses about 10 times greater than the maximal recommended human dose. There are no adequate and well-controlled studies in pregnant women. Propranolol should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

NURSING MOTHERS: Propranolol is excreted in human milk. Caution should be exercised when propranolol is administered to a nursing mother.

PEDIATRIC USE: Safety and effectiveness in children have not been established.

Hydrochlorothiazide: GENERAL: Periodic determination of serum electrolytes to detect possible electrolyte imbalance should be performed at appropriate intervals.

All patients receiving thiazide therapy should be observed for clinical signs of fluid or electrolyte imbalance, namely: Hyponatremia, hypochloremic alkalosis, and hypokalemia. Serum and urine electrolyte determinations are particularly important when the patient is vomiting excessively or receiving parenteral fluids. Medication such as digitalis may also influence serum electrolytes. Warning signs irrespective of cause are: Dryness of mouth, thirst, weakness, lethargy, drowsiness, restlessness, muscle pains or cramps, muscular fatigue, hypotension, oliguria, tachycardia, and gastrointestinal disturbances such as nausea and vomiting.

Hypokalemia may develop, especially with brisk diuresis, when severe cirrhosis is present, or during concomitant use of corticosteroids or ACTH.

Interference with adequate oral electrolyte intake will also contribute to hypokalemia. Hypokalemia can sensitize or exaggerate the response of the heart to the toxic effect of digitalis (eg, increased ventricular irritability). Hypokalemia may be avoided or treated by use of potassium supplements, such as foods with a high potassium content.

Any chloride deficit is generally mild and usually does not require specific treatment, except under extraordinary circumstances (as in liver or renal disease). Dilutional hyponatremia may occur in edematous patients in hot weather; appropriate therapy is water restriction, rather than administration of salt, except in rare instances when the hyponatremia is life-threatening. In actual salt depletion, appropriate replacement is the therapy of choice.

Hyperuricemia may occur or frank gout may be precipitated in certain patients receiving thiazide therapy.

Insulin requirements in diabetic patients may be increased, decreased, or unchanged. Diabetes mellitus which has been latent may become manifest during thiazide administration.

If progressive renal impairment becomes evident, consider withholding or discontinuing diuretic therapy.

Thiazides may decrease serum PBI levels without signs of thyroid disturbance.

Calcium excretion is decreased by thiazides. Pathologic changes in the parathyroid gland with hypercalcemia and hypophosphatemia have been observed in a few patients on prolonged thiazide therapy. The common complications of hyperparathyroidism, such as renal lithiasis, bone resorption, and peptic ulceration, have not been seen. Thiazides should be discontinued before carrying out tests for parathyroid function.

DRUG INTERACTIONS: Thiazide drugs may increase the responsiveness to tubocurarine.

The antihypertensive effects of thiazides may be enhanced in the postsympathectomy patient. Thiazides may decrease arterial responsiveness to norepinephrine. This diminution is not sufficient to preclude effectiveness of the pressor agent for therapeutic use.

PREGNANCY: Pregnancy Category C. Thiazides cross the placental barrier and appear in cord blood. The use of thiazides in pregnancy requires that the anticipated benefit be weighed against possible hazards to the fetus. These hazards include fetal or neonatal jaundice, thrombocytopenia, and possibly other adverse reactions which have occurred in the adult.

NURSING MOTHERS: Thiazides appear in human milk. If use of the drug is deemed essential, the patient should stop nursing.

PEDIATRIC USE: Safety and effectiveness in children have not been established.

ADVERSE REACTIONS

Propranolol hydrochloride (INDERAL® LA): Most adverse effects have been mild and transient and have rarely required the withdrawal of therapy.

Cardiovascular: Bradycardia; congestive heart failure; intensification of AV block; hypotension; paresthesia of hands; thrombocytopenic purpura; arterial insufficiency, usually of the Raynaud type.

Central Nervous System: Lightheadedness; mental depression manifested by insomnia, lassitude, weakness, fatigue; reversible mental depression progressing to catatonia; visual disturbances; hallucinations; an acute reversible syndrome characterized by disorientation for time and place; short-term memory loss; emotional lability; slightly clouded sensorium; and decreased performance on neuropsychometrics.

Gastrointestinal: Nausea, vomiting, epigastric distress, abdominal cramping, diarrhea, constipation; mesenteric arterial thrombosis; ischemic colitis.

Allergic: Pharyngitis and agranulocytosis; erythematous rash; fever combined with aching and sore throat; laryngospasm and respiratory distress.

Respiratory: Bronchospasm.

Hematologic: Agranulocytosis; nonthrombocytopenic purpura, thrombocytopenic purpura.

Auto-Immune: In extremely rare instances, systemic lupus erythematosus has been reported.

Miscellaneous: Alopecia; LE-like reactions; psoriasiform rashes; dry eyes; male impotence; and Peyronie's disease have been reported rarely. Oculomucocutaneous reactions involving the skin, serous membranes, and conjunctivae reported for a beta blocker (practolol) have not been associated with propranolol.

Hydrochlorothiazide:

Gastrointestinal: Anorexia, gastric irritation, nausea, vomiting, cramping, diarrhea, constipation, jaundice (intrahepatic cholestatic jaundice); pancreatitis, sialadenitis.

Central Nervous System: Dizziness, vertigo, paresthesias, headache; xanthopsia.

Hematologic: Leukopenia, agranulocytosis; thrombocytopenia; aplastic anemia.

Cardiovascular: Orthostatic hypotension (may be aggravated by alcohol, barbiturates, or narcotics).

Hypersensitivity: Purpura, photosensitivity; rash; urticaria; necrotizing angiitis (vasculitis, cutaneous vasculitis), fever; respiratory distress, including pneumonitis; anaphylactic reactions.

Other: Hyperglycemia; glycosuria; hyperuricemia; muscle spasm; weakness; restlessness, transient blurred vision.

Whenever adverse reactions are moderate or severe, thiazide dosage should be reduced or therapy withdrawn.

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REFERENCE:

1. Ravid M, Lang R, Jutrin I: The relative antihypertensive potency of propranolol, oxprenolol, atenolol, and metoprolol given once daily. *Arch Intern Med* 1985;145:1321–1323.

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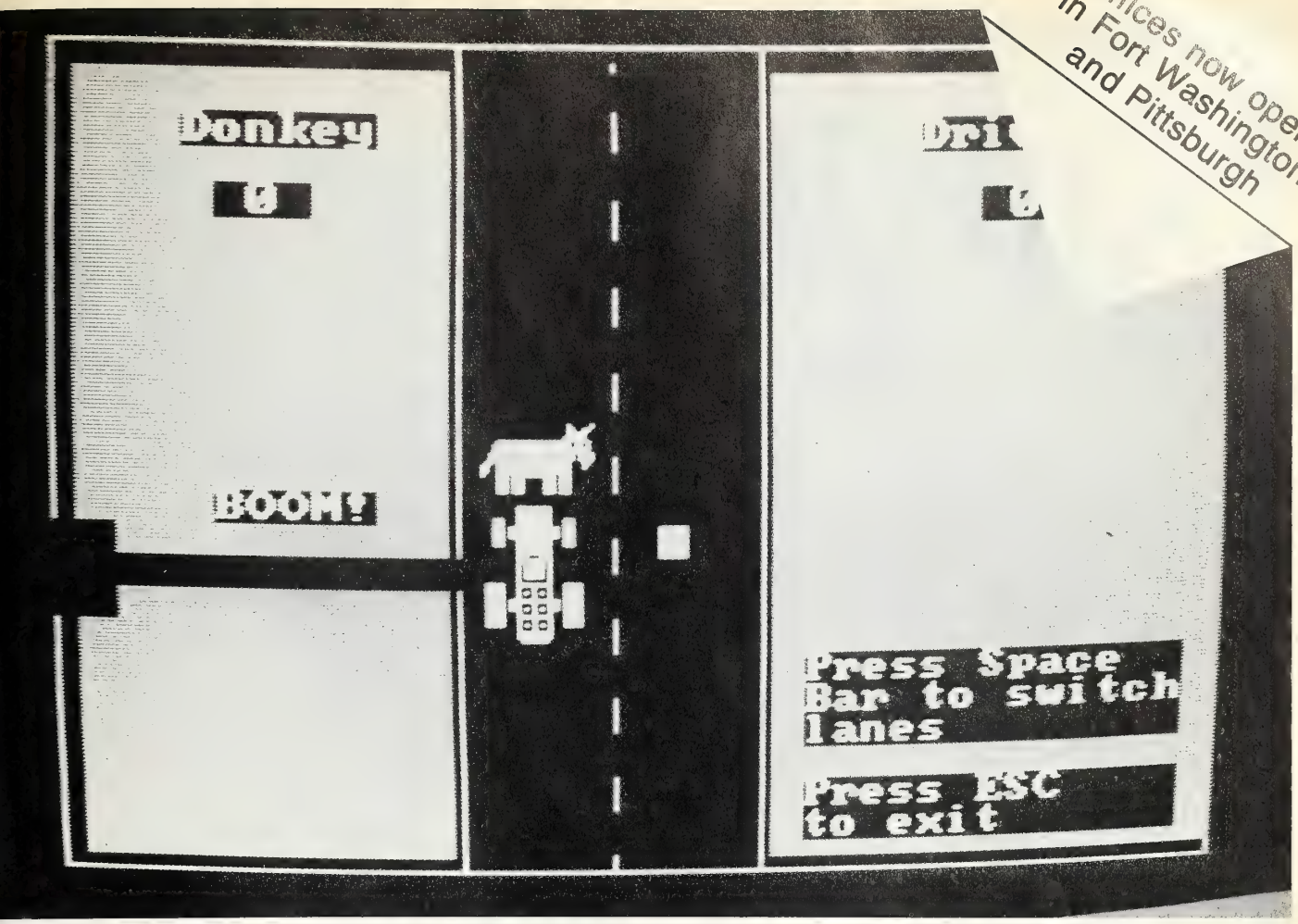
advertisers' index

ACMA....61
Advanced Billing Concepts....3
Alfa Romeo....9
American Medical Association....55
AT&T....17
Ayerst Laboratories....33-36
Bank Hapoalim....11
Brandywine Hospital....31
Brown Pharmaceuticals....8, 65
Campbell Laboratories....60
Casualty Reciprocal Exchange....47
Elcomp Systems....23
Eli Lilly Company....58
Geisinger Medical Center....45
Health Care Personnel Consulting....59, 61
Jefferson Medical College....22, 38
John Downing Associates....61
Keystone Technologies....39
Knoll Pharmaceuticals....13
Likoff Cardiovascular Institute....29
Magazine Subscription Agency....19
Marion Laboratories....15, 16
McGraw Hill....52
Medical Personnel Pool....2
Medical Protective Company....44
Meridian Asset Management....5
Neilson Computer Systems....24
OR-D Systems....27
PEMS Computing Corporation....63
Pennsylvania Hand Center....57
Pennsylvania Hospital....40
Philadelphia Heart Institute....49
Pittsburgh Hilton and Towers....40
PMS Committee on the Impaired Physician....10
PMS Council on Medical Practice....24, 31
PMS Liability Insurance Company....41
Postgraduate Medical Institute....43
Professional Practice Management....42
Provident Mutual....21
Reading Rehabilitation Hospital....46
Robert Donnell Productions....31
Roche Laboratories....1, 2, COVERS 2, 3, 4
Small Computer Company....20
Ster-O-Lizer Manufacturing Corporation....30
Stuart Pharmaceuticals....61
Upjohn Company....53
U.S. Air Force....37
U.S. Navy....2
Westmoreland Hospital....59
Wyeth Laboratories....7, 8



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Directory corrections

The August issue of PENNSYLVANIA MEDICINE, the membership directory issue, should be corrected as follows:

Add the following:

Erie
FLOREK, MD, Florian F. — ORS
104 High St.
P.O. Box 757
Edinboro, PA 16412

Lancaster
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200 Butler Avenue
Lancaster, PA 17601

Address corrections:

Montgomery
AMSTER, DO, Norman H. — AN
251 West Dekalb Pike, #C805
King of Prussia, PA 19406

Philadelphia
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MCP Nuclear Medicine Dept.
Philadelphia, PA 19129

WERNER, MD, Elliott B. — OPH
51 N. 39th Street
Philadelphia, PA 19104

Specialty corrections:

Lebanon
EARLY SR., MD, Robert F. — GP
Third and Oak Streets
Lebanon, PA 17042

Luzerne
BRONSTEIN, MD, Seymour B. — CD
Hazleton Cardiology Center
100 W. Diamond Avenue
Hazleton, PA 18201

YOON, MD, Myung S. — CD
Hazleton Cardiology Center
100 W. Diamond Avenue
Hazleton, PA 19201

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134 Cherry Lane
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Danville, PA 17821

Philadelphia
MILLER, MD, Jeffrey L. — END/DIA
Hahnemann University
School of Medicine, 426
Philadelphia, PA 19102

SIMONSEN, MD, Ronald W. — FP
341 Bird Avenue
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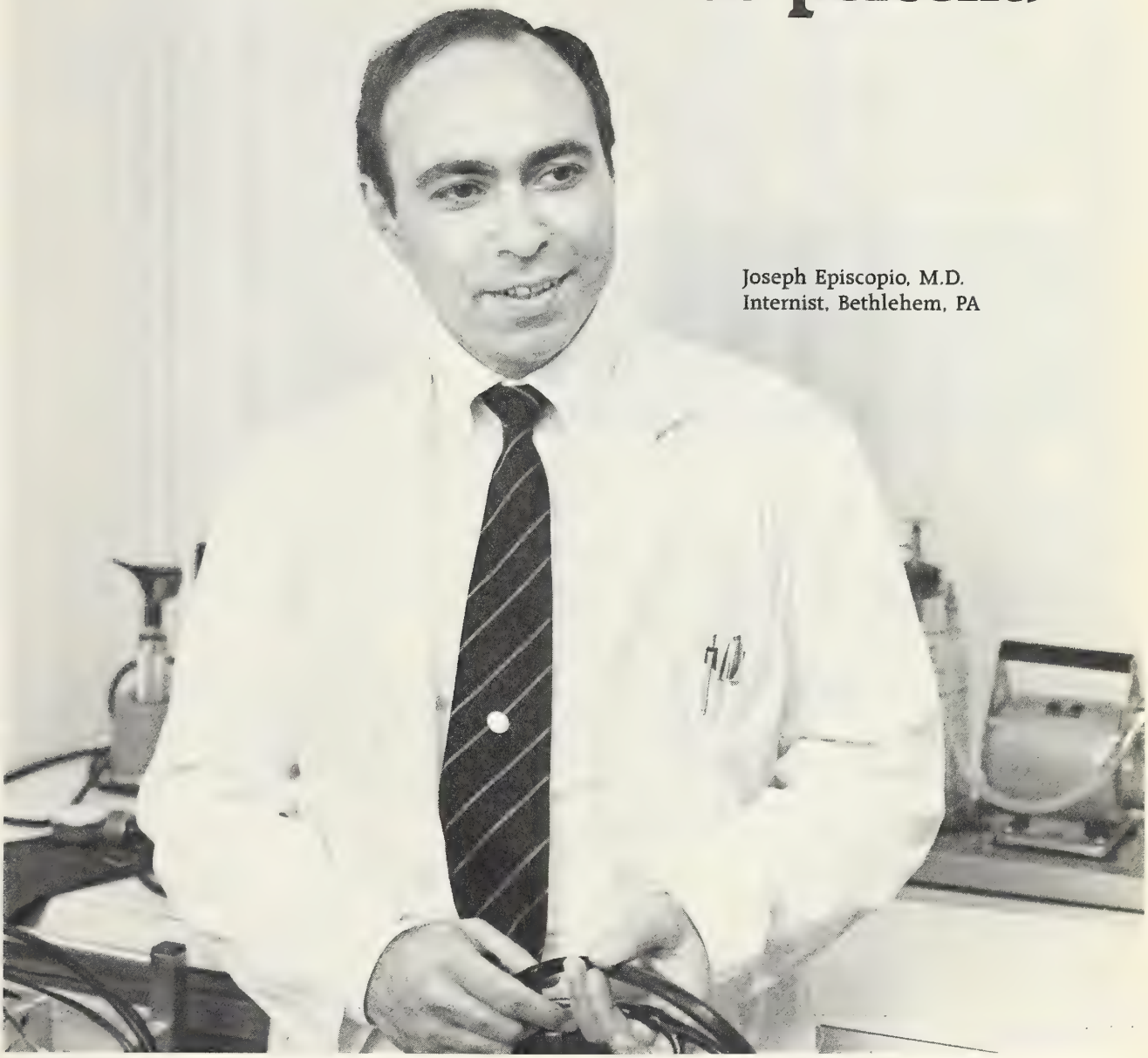

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in my opinion

Through the eyes of patients

Harry Schwartz, PhD

An epidemic of physician changes seems to have hit my friends. There's hardly a dinner party I go to that one of the guests doesn't turn the discussion to the fact that he or she has changed doctors. After months of such experiences I have to conclude that in the suburb where I live, and where physicians abound, a significant fraction of the population is displeased with the doctoring it gets.

When I review the stories I've heard, I am struck by the fact that none of them centers on the patient's anger at a physician's lack of technical skill. No doubt that cause for shifting from one doctor to another does exist and is a factor in some cases. But the dinner party stories I have heard focus more on failures in human relations.

Take a friend I'll call Jack. A corporation executive, he had gotten a physical from his company doctor in which the latter detected what he considered high blood pressure. So Jack was advised to see his family physician, which he did.

In Jack's words, "My family doctor made a big production out of it. He told me one blood pressure reading is never adequate. He measured my blood pressure in both arms, first while I was standing up and then when I was lying down. He made me come back three different times, a week apart each time, so he could have three different sets of readings. He concluded my blood pressure was borderline, and told me the important thing was that every time I saw him or any other physician, I should be sure to get my blood pressure checked."

Then Jack continued, "A month later I had a bad stomach upset and I went to see my doctor about it. He did various tests and asked me a lot of questions. But when I left him, I suddenly realized he hadn't bothered to take my blood pressure. That made me angry. If taking my blood pressure was important, he should have done it this time, too. And if it wasn't, why did he take so much of my time and money measuring my blood pressure earlier?"

Bob left his physician for a different reason: "I got sick over a weekend. When I tried to reach my internist, I found he was not on call and I was referred to the man who was substituting for him. This new doctor told me to go

Dr. Schwartz currently is writer in residence at the College of Physicians and Surgeons at Columbia University. His many articles on health-related matters have appeared in the New York Times, Wall Street Journal, New England Journal of Medicine, *and* Medical Economics. *From 1951 to 1979 he served on the editorial board of the* New York Times.

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Deadline for registration	Feb. 17, '87	August 15, '87
Examination to be mailed	Mar. 2, '87	Sept. 1, '87
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in my opinion

to the hospital, and before the whole thing was over I had my appendix out.

"That was all fine," he continued, "but the behavior of my doctor really puzzled me. First, he didn't stop in to see me at the hospital until I'd been there almost a week, though I knew he had been back at work for several days. When he did stop to see me, he told me he wasn't involved because I was the surgeon's patient, not his. That was his only contact with me during my hospitalization, and even after I was discharged he never bothered to call and check on how I was feeling. So I decided if he showed that little interest in me, I wasn't interested in considering him my family doctor."

I could continue with such tales, but they are all variations on the same theme: the patient's conviction based on some evidence or other that his doctor really didn't have the patient's interests central to their relationship.

The conviction I've come to in meditating about these incidents is that too high a percentage of primary physicians, in my neighborhood anyway, don't seem to be able to empathize with their patients. They don't seem to be able to follow the Golden Rule.

I don't know how to remedy that defect in some people. But certainly one way to gain insight on the physician-patient relationship is to look at how it appears from a patient's point of view, in literature, on films, and on television.

One current source of insight I would recommend is Woody Allen's latest picture, "Hannah and Her Sisters." Woody Allen himself plays a central role as a hypochondriacal television producer. Most people I know are hypochondriacal to some extent, and what may seem trifling to a physician is often important to the patient. So the reminder about this emotional element is useful.

The central theme of the encounters of the character played by Woody Allen with doctors is the importance the patient attaches to the doctor's words. Thus the picture implies that this character's first marriage foundered in part because his doctor, who upon informing him he was infertile, also hinted that his marriage might break up as a result, a statement the picture portrays as becoming a self-fulfilling prophecy. Allen ends the picture with the second wife of the character he plays informing him that she is pregnant, thus portraying the original doctor as incompetent as well as a man who says too much.

No less interesting is the sequence in which the character Allen plays becomes convinced he has a brain tumor, partly on the basis of some doctor's ill-chosen words. This delusion is portrayed as reaching a peak when the character is waiting for the results of his CT scan and hallucinates that the examining doctor has come in and told him that he has an inoperable brain tumor. Then the doctor actually comes in and tells him he is fine, but the impact of his fears has been so great that the incident produces a major change in the character's life. It causes him to leave his job and spend a painful year searching for the ultimate meaning of life and hunting for a consoling religious affiliation.

It is well known that a good deal, though not all, of the material in Woody Allen's films is autobiographical. I suspect we can take it for granted that Allen is telling us that in real life his contacts with physicians have sometimes had a very traumatic impact upon him. What doctors can and should learn from this film is the extreme sensitivity of many of their patients and the need for great care in choosing every word they direct at a patient, at least if they want to keep the patients they have and attract new patients through word of mouth advertising. □

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obituaries

•Denotes PMS membership at death.

• **William L. Anderson**, Pittsburgh; University of Pittsburgh School of Medicine, 1929; age 87, died July 30, 1986. Dr. Anderson was a staff physician at South Side Hospital for more than 40 years.

•**Regis A. Amrhein**, Pittsburgh; Georgetown University School of Medicine, 1937; age 79, died July 25, 1986. Dr. Amrhein was an ophthalmologist.

•**J. Reed Babcock**, Bellefonte; Northwestern University Medical School, 1941; age 71, died July 3, 1986. Dr. Babcock specialized in surgery.

•**Addison S. Buck**, Malvern; Hahnemann University School of Medicine, 1927; age 85, died May 18, 1986. Dr. Buck, a general practitioner, was past president of the Montgomery County Medical Society.

•**Alfred L. Chicote**, Manchester; received his medical degree in 1922; age 86, died July 11, 1986. Dr. Chicote was a general practitioner.

• **James A. Collins**, Riverside; Jefferson Medical College, 1941; age 70, died September 9, 1986. Dr. Collins was a senior consultant at Geisinger Medical Center, Danville, and a force in Pennsylvania medicine for more than 40 years. He served as chairman of a number of PMS committees, and as chairman of the board of the Educational and Scientific Trust of PMS. He was a past president of the American Society of Internal Medicine.

•**George B. Crittenden**, North East; University of Pittsburgh School of Medicine, 1938; age 78, died July 16, 1986. Dr. Crittenden was a general practitioner in North East and a former physician at Gannon University Health Center.

•**John C. Dunbar**, Pittsburgh; University of Maryland School of Medicine, 1934; age 81, died June 24, 1986. Dr. Dunbar was a founder of the Pittsburgh Eye Bank.

•**Neil F. Dunkle**, Jersey Shore; Temple University School of Medicine, 1938; age 76, died June 17, 1986. Dr. Dunkle practiced medicine in Jersey Shore for 47 years.

•**Harvey F. Enyeart**, Jeannette; Hahnemann University School of Medicine, 1931; age 82, died July 4, 1986. Dr. Enyeart was on the medical staffs of Westmoreland Hospital and Jeannette District Memorial Hospital.

•**Arthur S. Griswold**, Lititz; Boston University School of Medicine, 1950; age 68, died July 18, 1986. Dr. Griswold, a general practitioner, served as mayor of Lititz 1962 to 1966.

•**Peter B. Henderson**, Pittsburgh; University of Mississippi School of Medicine, 1962; age 47, died August 11, 1986. Dr. Henderson was a professor of child psychiatry at the University of Pittsburgh.

•**Mitchell E. Katz**, Allentown; Temple University School of Medicine, 1931; age 80, died July 9, 1986. Dr. Katz was a family physician in Allentown for 53 years.

•**Robert E. Lartz**, Sharon; University of Maryland School of Medicine, 1940; age 71, died August 5, 1986. Dr. Lartz practiced obstetrics and gynecology in Sharon for 40 years.

•**Kermit Landis Leitner**, Harrisburg; University of Pennsylvania School of Medicine, 1939; age 72. Dr. Leitner was former chief of communicable diseases at Harrisburg Hospital and former president of the Harrisburg Board of Health.

•**Quay A. McCune**, North Warren: Temple University School of Medicine, 1936; age 81, died June 20, 1986. Dr. McCune was a general surgeon.

•**Ralph F. Merkle**, Allentown; University of Pennsylvania School of Medicine, 1920; age 93, died August 6, 1986. Dr. Merkle maintained a practice in Allentown for 63 years.

•**Howard F. Mitchell**, Beaver Falls; University of Pittsburgh School of Medicine, 1940; age 74, died July 2, 1986. Dr. Mitchell was a general practitioner.

•**John D. Morrocco**, Carnegie; Hahnemann University School of Medicine, 1937; age 78, died June 5, 1986. Dr. Morrocco was a 50 year member of the medical staff at Shadyside Hospital, Pittsburgh.

•**Charles G. Nickens**, Pittsburgh; Howard University College of Medicine, 1935; age 79, died June 5, 1986. Dr. Nickens was a general practitioner.

•**Ralph E. Stone**, Connellsville; University of Pennsylvania School of Medicine, 1936; age 75, died May 30, 1986. Dr. Stone practiced otolaryngology in McConnellsville for 28 years.

•**Theodore H. Swan Sr.**, Jenkintown; Temple University School of Medicine, 1935; age 79, died June 12, 1986. Dr. Swan specialized in internal medicine.

•**William S. Wicks**, Sarasota, Florida; Temple University School of Medicine, 1943; age 69, died August 8, 1986. Dr. Wicks, an anesthesiologist was a charter member of Tyler Memorial Hospital.

•**Victor A. Williams**, Houston, Texas; Jefferson Medical College, 1914; age 99, died June 30, 1986. Dr. Williams, an otolaryngologist, practiced in Pittsburgh for over 65 years.

Alfred M. Bongiovanni, Philadelphia; University of Pennsylvania School of Medicine, 1943; age 64, died August 10, 1986. Dr. Bongiovanni was former physician-in-chief of the Children's Hospital of Philadelphia.

F. Joseph Brinig, Erie; Georgetown University School of Medicine, 1942; age 69, died June 30, 1986. Dr. Brinig practiced surgery in Erie for 40 years.

David Coffey, Banden; Temple University School of Medicine, 1936; age 75, died June 2, 1986. Dr. Coffey was a general practitioner in Baden for over 40 years.

Robert D. Donaldson, Warren; University of Pittsburgh School of Medicine, 1930; age 80, died July 12, 1986. Dr. Donaldson was a member of the medical staff at Warren General Hospital.

Edward C. Durkin, Tucson, Arizona; University of Pennsylvania School of Medicine, 1936; age 80, died June 17, 1986. Dr. Durkin specialized in internal medicine, and practiced in the Bryn Mawr area before his retirement.

Arthur M. Flack, Jr., Harrisburg; Philadelphia College of Osteopathic Medicine; age 80, died August 5, 1986. Dr. Flack was a retired chairman of the department of surgery at Community General Osteopathic Hospital, Harrisburg.

Clyde L. Holmberg, Bethlehem; Temple University School of Medicine, 1956; age 58, died July 28, 1986. Dr. Holmberg was a psychiatrist.

Earline L. Houston, Philadelphia; University of Tennessee College of Medicine, 1967; age 41, died June 25, 1986. Dr. Houston was clinical associate professor of psychiatry at Hahnemann University School of Medicine.

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Indications for Cardiac Catheterization: Arteriographic and Ventriculographic Observations—*Lloyd Klein, M.D.*

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Review of leukemia, lymphoma, and myeloma before and after the TMI accident

Samuel W. Berkheiser, MD

The long range effect of low level radiation exposure with regard to tumor genesis is still highly controversial. The accident at the Three Mile Island (TMI) nuclear power plant on March 28, 1979, has drawn attention to the problem of potential health effects. Many claims have been made. However, a previous base line survey of the incidence of thyroid cancer demonstrated no significant differences during the five year period before and after the accident.[1]

Amid the controversy surrounding leukemia rates, it seemed appropriate to compare the incidence of leukemia, lymphoma (both Hodgkin's and non-Hodgkin's) and myeloma and plasma cell dyscrasias over the same period. The population studied consisted of patients admitted to Polyclinic Medical Center. The majority of patients admitted to this community teaching hospital are drawn from an area within the ten mile radius of the TMI nuclear generating plant.

For comparison purposes, a dual survey of the incidence of leukemia, non-Hodgkin's lymphoma and myeloma from a hospital of similar size but more remote from nuclear power plants was done so that additional base line information for future evaluations might be provided. York Hospital, York, Pennsylvania, was chosen as it is comparable in size to Polyclinic. It is located approximately 25 miles from the nuclear plant at TMI, and about 40 miles from the nuclear generator at Peach Bottom, Pennsylvania. The annual energy output for the plants at Peach Bottom and TMI is quite similar, averaging 439 and 400 megawatts respectively.[2]

Methods

A total of 1,776 bone marrow examinations done at Polyclinic from 1974 to 1984 inclusive were reviewed for all cases of leukemia, lymphoma, myeloma, and plasma cell dyscrasia. These and all cases recorded by the tumor registry at Polyclinic form the basis for this study. Careful review of records was made to exclude duplication of cases.

Statistics from York Hospital were furnished by its tumor registry.

Results

Table 1 is a summary of the incidence of leukemia, lymphoma, myeloma, and plasma cell dyscrasias found over the 11 year period.

It is somewhat remarkable that the frequency of the various diseases remained fairly constant, especially with respect to the percent of hospital admissions.

A summary of the various types of leukemia over the same period is shown in Table 2.

A comparative summary of the total number of cases of leukemia, non-Hodgkin's lymphoma, and myeloma occurring at York Hospital during the 11 year period is shown in Table 3.

The annual incidence of these diseases remains fairly constant for both hospitals during this period. There is no significant increase in any of the diseases at either hospital for the five year period following the TMI accident.

Comment

Despite numerous inquiries, the long range effects of low levels of radiation exposure remain largely speculative. Some studies have suggested that exposure to low level radiation may lead to mutagenic, teratogenic, or carcinogenic effects.[3] Disparities in reports may be partially due to reliance on data accumulated from vital statistics and death certificates, which are sometimes inaccurate. In many states and coun-

The author is associate pathologist at Polyclinic Medical Center, Harrisburg. He thanks Suzanne Shultz for editorial assistance in manuscript preparation, and the staffs of the tumor registries and medical records departments at Polyclinic Medical Center and York Hospital.

Table 1
Incidence of Leukemia, Lymphoma, and Myeloma—11 years

Disease	Number of cases											
	1974	1975	1976	1977	1978	1979	1980	1981	1982	1983	1984	11 yr. total
Leukemia	25	24	22	19	13	9	7	17	16	19	15	186
Non-Hodgkin's lymphoma	29	30	36	36	33	19	18	15	23	22	36	297
Hodgkin's lymphoma	10	3	14	5	7	5	11	9	7	5	10	86
myeloma	21	10	12	22	15	12	15	15	14	9	9	154
P.C. dyscrasia	3	9	6	3	4	2	2	3	2	1	1	37
Annual total	88	76	90	85	72	47	53	59	62	56	71	759
% total cases	11.6	10.0	11.9	11.2	9.5	6.2	7.0	7.8	8.2	7.4	9.2	100.0
Annual admissions	18,181	16,957	16,010	15,948	15,487	15,654	16,119	15,614	15,913	15,136	15,245	176,264
% total admissions	0.484	0.448	0.562	0.532	0.465	0.300	0.329	0.378	0.390	0.370	0.466	0.431

ties, death certificates are not corrected with respect to postmortem findings or substantiated by tissue diagnosis.

The national average dosage of background radiation from various sources has been estimated to be 103 mrem per person, but may range as high as 180 mrem annually.[4,5,6] The highest doses received by people in the vicinity of the TMI accident have ranged from an estimated 37 to 100 mrem.[6]

There is no doubt that increased incidence of leukemia results following exposure to high levels of radiation. This was established by many studies of the survivors of the Hiroshima and Nagasaki bombings. The peak incidence tends to develop ten to fifteen years after exposure, generally following doses of more than 100 rem.[7]

The risk of cancer with intermediate doses of radiation is more difficult to interpret. A recent study of nuclear submarine workers at the Portsmouth Naval Shipyard indicates that most workers received less than the five rem per year currently allowed by the Nuclear Regulatory Commission. Although most workers received only about 0.5 rem per year, this was apparently enough to greatly increase the risk of lung cancer.[8] There is additional evidence that the incidence of several types of cancer is increased in the range of exposure of one to 25 rem.[3]

A study of low dose radiation and leukemia, however, found no statistical increase in leukemia following doses of zero to 300 rads when administered over long periods of time.[9] It would seem reasonable to assume that carcinogenesis following radiation is dose related and dependent on length and duration of treatment. In an often quoted work, the incidence of childhood leukemia, cancer, and total mortality near the San Onofre (California) nuclear power plant, has remained identical to corresponding rates in California and the United States from 1960 to 1978.[10]

There appears to be no doubt that high levels of radiation may be associated with subsequent development of myeloid leukemia. The relationship to myelomatosis is less certain. The evidence suggests that radiogenic myelomatosis does not appear until at least ten years after exposure.[11] There is also some evidence to suggest a higher incidence of myelomatosis in workers in nu-

Table 2
Summary of Incidence and Type of Leukemia
1974-1984

Type leukemia	1974	1975	1976	1977	1978	1979	1980	1981	1982	1983	1984	11 yr. total
Acute lymphoid	6	6	3	9	4	2	1	3	3	4	1	42
Acute myeloid	0	2	4	3	3	4	0	4	3	4	3	30
Acute monocytic	4	6	8	2	1	0	1	0	2	0	0	24
Chronic lymphoid	11	7	3	5	5	1	2	7	6	9	3	59
Chronic myeloid	4	2	2	0	0	2	3	2	2	2	6	25
Chronic monocytic	0	1	1	0	0	0	0	1	0	0	0	3
Hairy cell	0	0	1	0	0	0	0	0	0	0	2	3
Total cases	25	24	22	19	13	9	7	17	16	19	15	186
% of total cases	13.4	12.9	11.8	10.2	7.0	4.8	3.8	9.1	8.6	10.2	8.1	100

Table 3
Incidence of Leukemia, Non-Hodgkin's Lymphoma, and Myeloma—York Hospital
11 year range

Disease	1974	1975	1976	1977	1978	1979	1980	1981	1982	1983	1984	11 yr. total
Leukemia	11	27	25	22	16	28	26	18	20	24	13	230
Non-Hodgkin's lymphoma	28	32	35	29	25	28	39	41	47	39	40	383
Myeloma	8	13	11	8	13	11	18	12	5	7	8	114
Annual cases	47	72	71	59	54	67	83	71	72	70	61	727
% total cases	6.5	9.9	9.8	8.1	7.4	9.2	11.4	9.8	9.9	9.6	8.4	100
Annual admissions	17,523	19,847	22,474	22,100	22,439	23,375	23,523	23,857	24,207	24,023	24,212	247,580
% annual admissions	0.268	0.363	0.316	0.267	0.241	0.287	0.353	0.298	0.297	0.291	0.252	0.294

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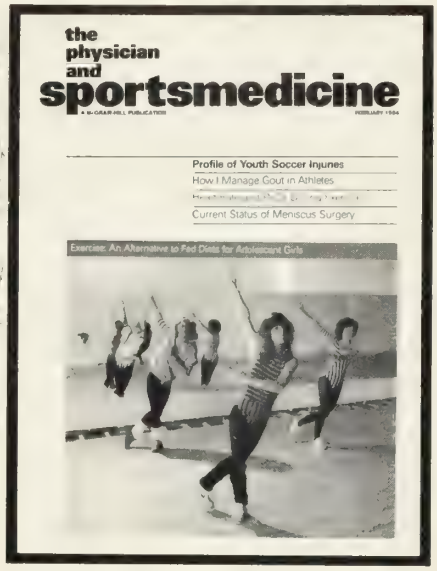

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clear processing plants at Hanford, Washington, and Windscale, England. Myelomatosis occurred after a relatively long latent period, from 17 to 20 years, and was associated with relatively high doses of exposure, 20 to 34.9 rem.[11]

Although carcinogenesis related to low level radiation is highly controversial, there are some other reported adverse effects. For example, a study of radiation exposure from the Big Rock Point nuclear reactor in Michigan found a trend for lower birth weights than in adjacent counties.[12]

There appears to be a correlation between exposure to plutonium and other radionuclides in exhaust plumes from nuclear weapons plants and the subsequent development of leukemia, lymphoma, myeloma, cancer of the lung, thyroid, breast, esophagus, stomach, and colon. The reported patterns were thought to be similar to that noted in the survivors of Hiroshima and Nagasaki.[13] In spite of the difficulties with geographic location and monitor sites, the releases from the TMI accident were primarily the noble gases and radioactive iodine, and not plutonium.[4,5]

In the present study, there was no significant increase in the incidence of leukemia, lymphoma, or myeloma at Polyclinic Medical Center or at York Hospital for the five years before and after the TMI accident. More recent studies from England tend to confirm the findings of this study. Baron found no significant increase in cancer, including cancers of the stomach, lung, breast, uterus, and leukemia, for a ten year period following the start-up of fourteen nuclear generating plants in England and Wales in the small areas surrounding the plants.[14] Lawrence found that in the individual case, it is usually impossible to make an unequivocal correlation between radiation exposure and the development of cancer because of the many variables and many unknown factors.[15]

Conclusion

It would appear that the carcinogenic effects of exposure to low level radiation may require long periods for development, but there is no evidence of increased incidence of leukemia, lymphoma, or myeloma for the five years following the TMI accident at either of the hospitals in this report. □

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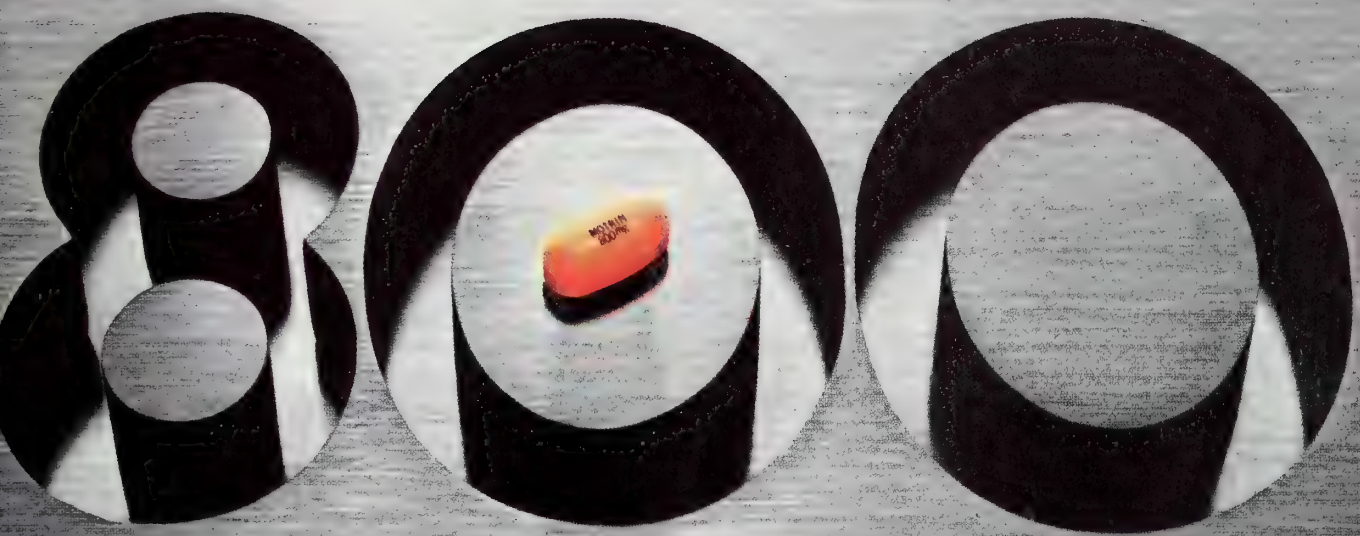

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physicians in the news

Jack A. Elias, MD, Lansdowne, received a Nabisco Scholar Award in recognition of his work in pulmonary immunology research. Dr. Elias is a member of the department of medicine at the Hospital of the University of Pennsylvania.

John W. Stringfield, MD, and **Judith Shimer Stringfield, MD**, Philadelphia, have begun practice at Jefferson MedicalCare, a satellite of Thomas Jefferson University. Both physicians completed residencies in family medicine at Thomas Jefferson University Hospital and were previously in private practice in North Carolina.

David K. Wagner, MD, has been named chairman of the newly established department of emergency medicine at the Medical College of Pennsylvania (MCP). Dr. Wagner is professor of emergency medicine and surgery at MCP. He is founder and past president of the American Board of Emergency Medicine.

Susan V. McLeer, MD, has been appointed director of the division of child psychiatry at the Medical College of Pennsylvania. Dr. McLeer is associate professor of psychiatry at MCP and vice chairman of psychiatry at the college's Eastern Pennsylvania Psychiatric Institute.

Ajit Kumar Sachdeva, MD, is a recipient of the Christian R. and Mary F. Lindback Award, presented annually by the Medical College of Pennsylvania for excellence in teaching. Dr. Sachdeva is assistant professor of surgery at MCP. He also serves as chief of the college's surgical intensive care unit at the Veterans Administration Medical Center and as associate director of undergraduate surgical education at MCP. A graduate of the India Institute of Medical Sciences who completed a residency at MCP, Dr. Sachdeva previously won MCP's Golden Apple Award for exemplary medical student teaching.

George M. Simpson, MD, Philadelphia, recently served on Philadelphia Mayor Wilson Goode's Task Force on Homelessness. Dr. Simpson is director of clinical psychopharmacology at the Medical College of Pennsylvania/Eastern Pennsylvania Psychiatric Institute. On the task force, he served as one of nine members of the Committee on the Severely Chronically Mentally Ill Homeless.

Barbara Shelton, MD, Philadelphia, has been named chief of the newly developed department of rehabilitation medicine at Presbyterian-University of Pennsylvania Medical Center. Dr. Shelton is an assistant professor and director of medical education at the Hospital of the University of Pennsylvania, and a member of the faculty of the Medical College of Pennsylvania.

Albert J. Stunkard, MD, received the Joseph B. Goldenberger Award in Clinical Nutrition. The award was presented before the American Medical Association's House of Delegates at the 135th Annual Meeting. Dr. Stunkard is professor of psychiatry at the University of Pennsylvania.

The executive committee of the medical staff at the Children's Hospital of Philadelphia elected new officers. They are: **Lucy B. Rorke, MD**, president; **John W. Duckett, MD**, vice president and treasurer; and **Stephen Ludwig, MD**, secretary.

Stanley A. Plotkin, MD, director of the infectious diseases division at the Children's Hospital of Philadelphia, was named associate physician-in-chief of the hospital. Dr. Plotkin is professor of pediatrics and microbiology at the University of Pennsylvania.

Jan Richard Weber, MD, Gladwyne, has been appointed the first director of echocardiography at Presbyterian-University of Pennsylvania Medical Center. Dr. Weber is assistant clinical professor of medicine at both Hahnemann University and the University of Pennsylvania.

Paul J. Poinsard, MD, was the first person to use Thomas Jefferson University Hospital's cardiac transport service. The service brings patients with complications of coronary artery disease to Jefferson for treatment. Physicians and technicians use a transportable intra-aortic balloon pump to stabilize patients for travel in a mobile intensive care unit. While vacationing at Beach Haven, Dr. Poinsard suffered a heart attack. When he did not respond to treatments available at the local community hospital, he was transferred to Jefferson by means of the new service. Jefferson cardiologists **Warren P. Goldburgh, MD**; **Marc L. Schwartz, MD**; **Arnold Greenspon, MD**, and **James Hopkins, MD**, cared for Dr. Poinsard. **Scott Goldman, MD**, a cardiothoracic surgeon at Jefferson, is medical director of the cardiac transport service. Dr. Poinsard is emeritus professor of psychiatry and human behavior at Jefferson Medical College.

Two students at University of Pennsylvania School of Medicine joined a group of American, Soviet, and Eastern European medical students and physicians on an international peace mission in the Caucasus Mountains. Penn students **Jeffrey Cohen** and **David Magid** participated in the East-West Wilderness Expedition sponsored by the International Physicians for the Prevention of Nuclear War.

The American College of Physicians has appointed **Willis C. Maddrey, MD**, to its Health Care Delivery Subcommittee of the Health and Public Policy Committee. Dr. Maddrey is Magee Professor of Medicine and chairman of the department at Jefferson Medical College and a member of the medical staff of Thomas Jefferson University Hospital.

Gary M. Glass, MD, Philadelphia, has been installed as president of the Pennsylvania Association of Private Psychiatric Hospitals. Dr. Glass is assistant medical director of the Philadelphia Psychiatric Center and associate professor of psychiatry at Temple University School of Medicine.

Ronald E. Cohn, MD, was appointed the first full-time medical director of the Helene Fuld Medical Center in Trenton, New Jersey. Dr. Cohn previously served as executive vice president of medical services and medical director at Forbes Health System, Pittsburgh.

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medical feature

Gauze packing for hepatic injury

Matthew Indeck, MD
Sheldon Brotman, MD

Hemorrhage from injuries of the liver parenchyma may be of minimal significance or lead to a major morbidity and mortality. The reason for such diversity in outcome relates to the ability to control hemorrhage. Sixty percent of all injuries require no therapy at operation, but mortality rates can exceed 90 percent when injury involves lobar disruption of the retrohepatic venous system. Many techniques have been employed to gain control of the bleeding.

The concept of gauze packing had been condemned for many reasons, including infection. More recently, Madden and Kennedy state in their book, "the space created by gauze packing should be drained following removal of the packing, but this is impossible and therefore abscesses result. In the debilitated patient, any additional operative procedure or anesthetic may be poorly tolerated, and if bleeding occurs at the time of removal of the pack, the patient's tolerance for another operation may be low. Because of the construction and location of this organ, death from severe bleeding may follow removal of such a pack. The use of gauze packs as definitive treatment of liver wounds has now been thoroughly discredited." Lim and Feliciano have readdressed this topic reporting some reasonable results. The following case report is one example of a potential use for gauze packing of the liver to control hemorrhage in severe injuries.

Case report

A 19 year old female from an automobile accident presented to a local hospital with profound hypotension and a rapidly distending abdomen. The patient, after rapid resuscitation and evaluation, was taken to the operating room where a transverse injury to the liver measuring 30 cm in greatest dimension and 10 cm in depth was identified. Standard methods of hemostasis including local suturing and hepatic artery ligation were unsuccessful. Shunting was not used. Twenty units of blood were transfused and 10 liters were recycled through the cell saver. At this point in the case the hematocrit was 21 percent and the Ph was 7.18. The pro-time was 17 seconds. After consultation with our trauma service, packing was performed. This appeared to control the hemorrhage satisfactorily and the patient was transferred. An unsuspected tension pneumothorax was identified and drained. A Swan Ganz catheter was placed. An additional 8 units of blood were transfused. Additional fresh frozen plasma was given to return the protime to normal levels.

After 18 hours the patient stabilized and was taken to the operating room with a blood pressure of 120/80, a protime of 12 seconds and satisfactory urinary output. The packing was gently removed but additional bleeding recurred. Large teflon felt bolsters were cut and large mattress sutures placed. The patient required one unit of blood and had 1,000 cc recycled through the cell saver. The patient tolerated the procedure well. Postoperatively the patient developed fever and leukocytosis. CT scan revealed retained hematoma and some hepatic necrosis. The patient was re-explored and drained. She continued to progress from this point and was discharged from the hospital on the 45th post-operative day.

Discussion

The incidence of liver injury in blunt abdominal trauma requiring celiotomy is approximately 36 percent with an overall intraoperative mortality rate of 9.35 percent.[1] For penetrating injuries the incidence is much lower but the overall intraoperative mortality rate is similar. Using Dickerman and Dunn's severity classes 0-5 for mortality of liver injuries, (0—no injury, 1—subcapsular hematoma, 2—nonbleeding parenchymal and penetrating injuries, 3—bleeding parenchymal and penetrating injuries, 4—lobar distruction with or without injuries to bronchus of hepatic arteries or partial vein major lacerations, 5—injury to the hepatic vein or retro-hepatic vena cava), mortality increases to 70-90 percent or greater for those with injuries ranked 3-5.[2] The major difference in mortality among several reports and personal experiences is the ability to control the hemorrhage early.

Liver parenchymal injuries involving retro-hepatic vena cava, hepatic veins, or major partial venous structures constitute the major reason these individuals exsanguinate. Mortality increases significantly after 25 units of blood have been transfused. If early control of hemorrhage could be obtained consistently, thereby limiting the number of transfusions with concomitant coagulopathy and metabolic disturbances, then a change in mortality might result.

Early recognition of these injuries and anticipation of vascular control have led to many methods of vascular isolation of the liver. These have included Pringle maneuver, hepatic artery ligation, aortic cross clamping, vena cava shunts of many varieties, embolization, and lobar resection as approaches to hemostasis for the class 3 and 4 injuries. None of these approaches has met with uniform success, and studies involving such injuries and their management are difficult to interpret. There are many variables relating

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to time of injury, time until arrival in emergency room, and time until entering the operating room. There has been no prospective comparison to date. This comparison would be very difficult to complete.

The condemnation of packing in general began with Halsted who said, "I had frequent opportunities to observe the pain and bleeding incident of tearing out of gauze from large involucral cavities after sequestrectomy . . . to avert bleeding." In addition, after World War II, Madding and Kennedy condemned the use of packing because they felt morbidity and mortality increased secondary to infection.

Liver packing is easily performed by most surgeons. The problem is that physicians may be somewhat reluctant to perform this early in the operative course. However, to be effective, we believe it must be performed early, as the average patient with major hepatic injury dies after 25 or more units of transfusion. In a major injury this may not allow for much time. Often the hemostatic maneuvers involving hepatic artery ligation and venal caval shunting of the liver consume large amounts of blood.

The procedure may be appropriate to use in institutions that have limited blood resources or where a surgeon is not routinely involved with major liver injury. Even an experienced surgeon in a center with significant resources may benefit by using this procedure to allow the patient to be fully resuscitated. When the patient's coagulation factors have returned to normal, other injuries are more fully defined, and he is stabilized, a second look can be undertaken.

Problems that can occur in these injuries are infection, hepatic failure, and necrosis. However, the study by Lim has proved no difference with packing when compared to those cases in the control group. The emphasis is that the majority of liver injuries handled operatively by the surgeon should be managed by the standard technique of suture repair, debridement, and drainage. Packing as a method of control should be limited only to those with severe injuries (class 3 or greater) and where the facility involved has limited resources or the patient would benefit from an intervening resuscitation effort. Major surgical resections for these injuries should be relegated to the more stable patient.

Since noting this first case, three other cases of major hemorrhage have been similarly treated by our trauma service. All have survived. Three patients had packing removed in 72 hours and had no post-operative hemorrhage. The fourth patient had packing removed after only 18 hours and had extensive recurrence of hemorrhage.

Before any conclusions can be drawn, liver packing must undergo additional controlled studies. □

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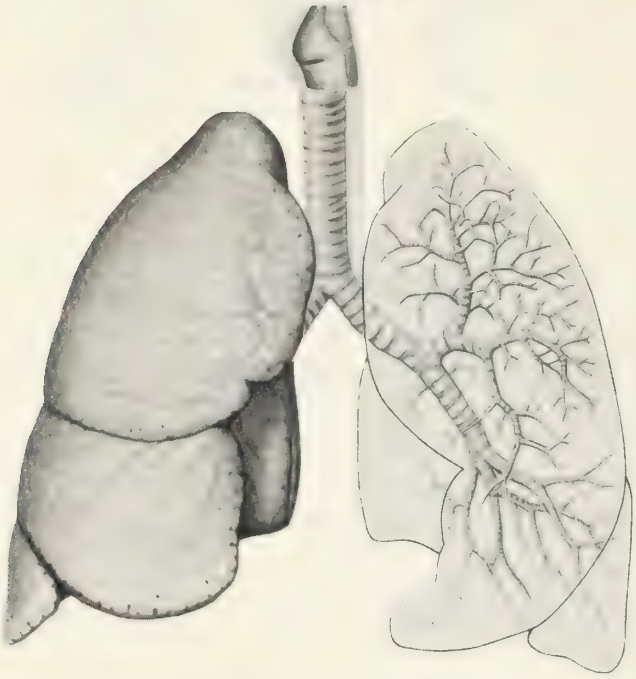

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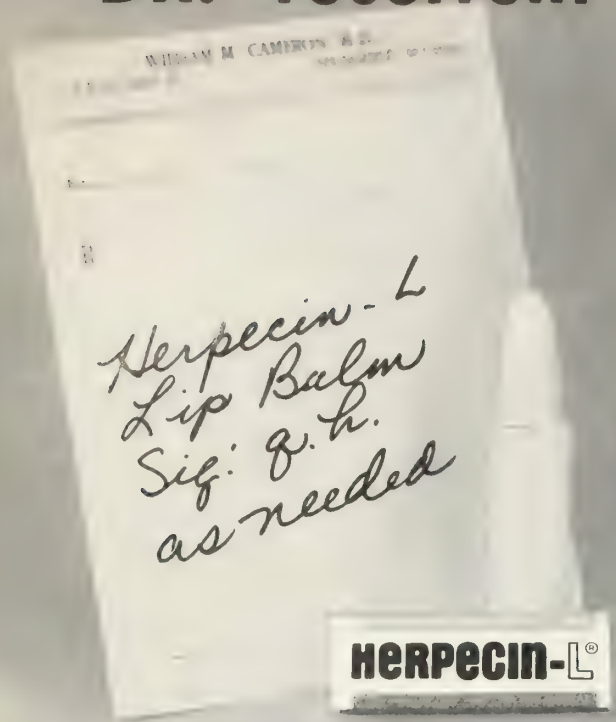

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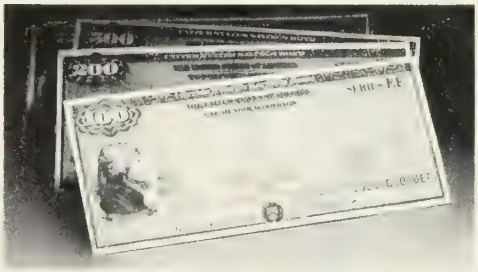

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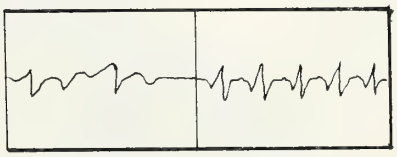

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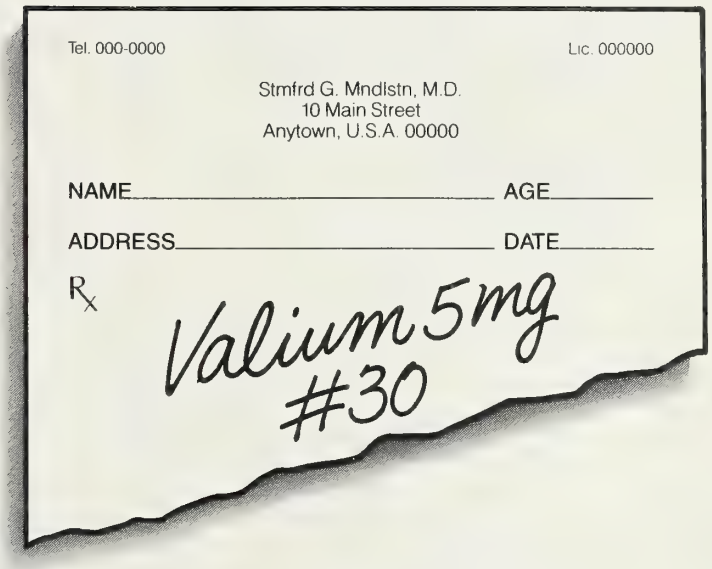

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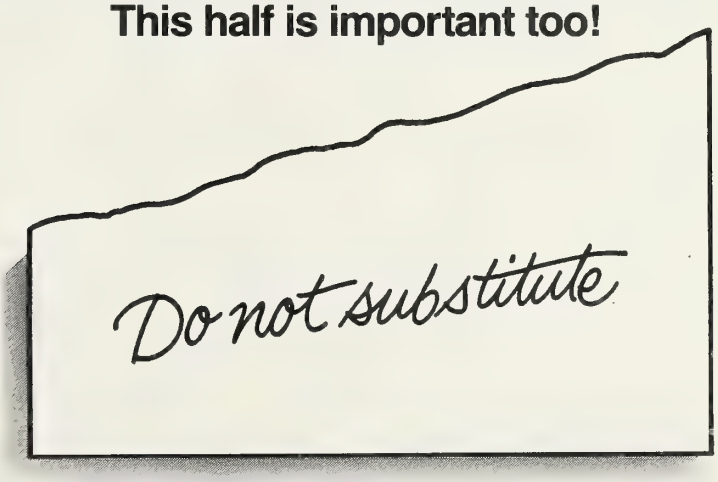

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Pennsylvania Medicine

MEDICAL JOURNALISM SPECIAL PRIZE 1986

Volume 89, No. 11 NOVEMBER 1986

Also in this issue:
Medigram - page 8
The Tax Reform Act of 1986 - page 32

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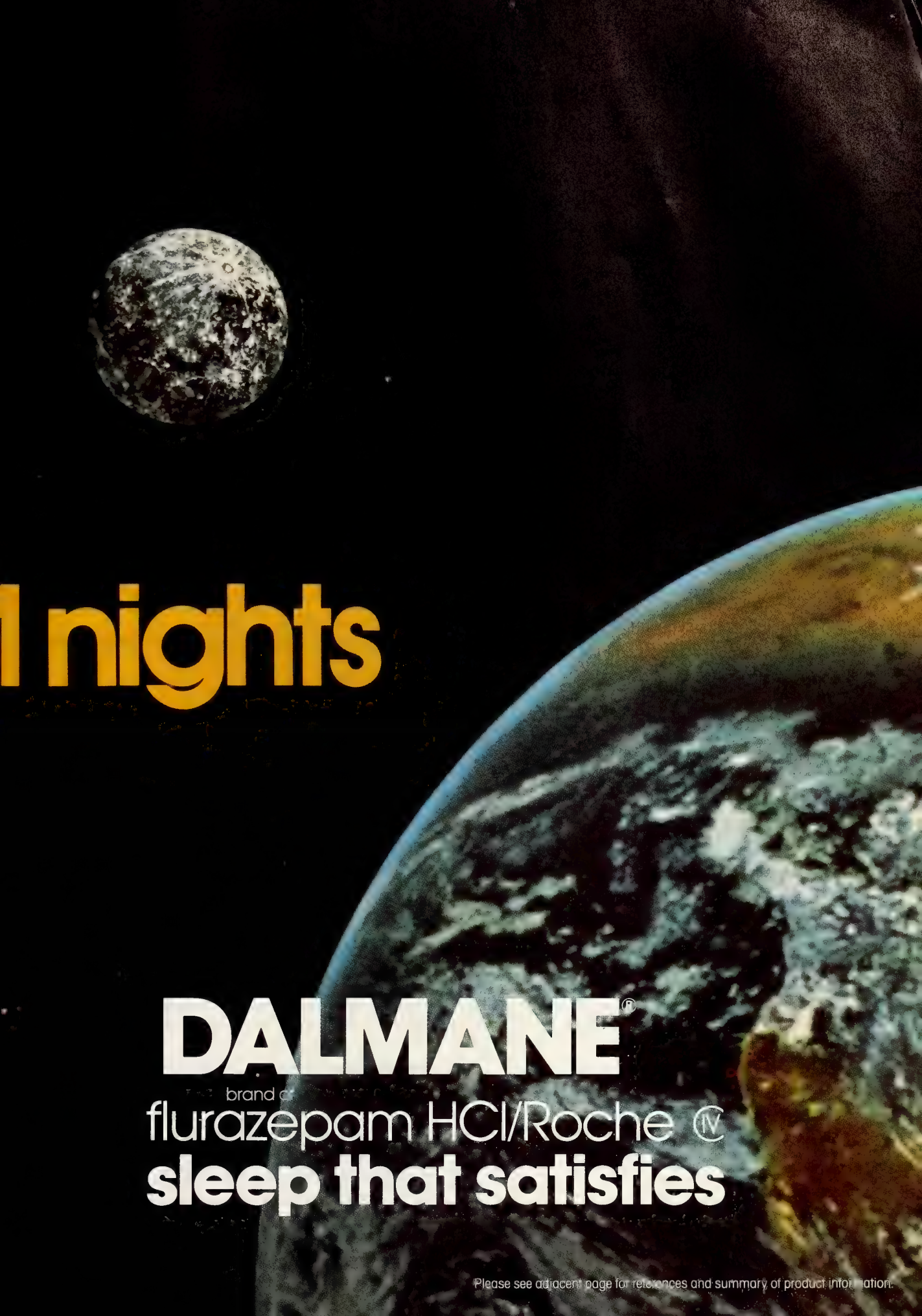
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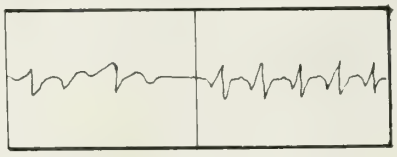

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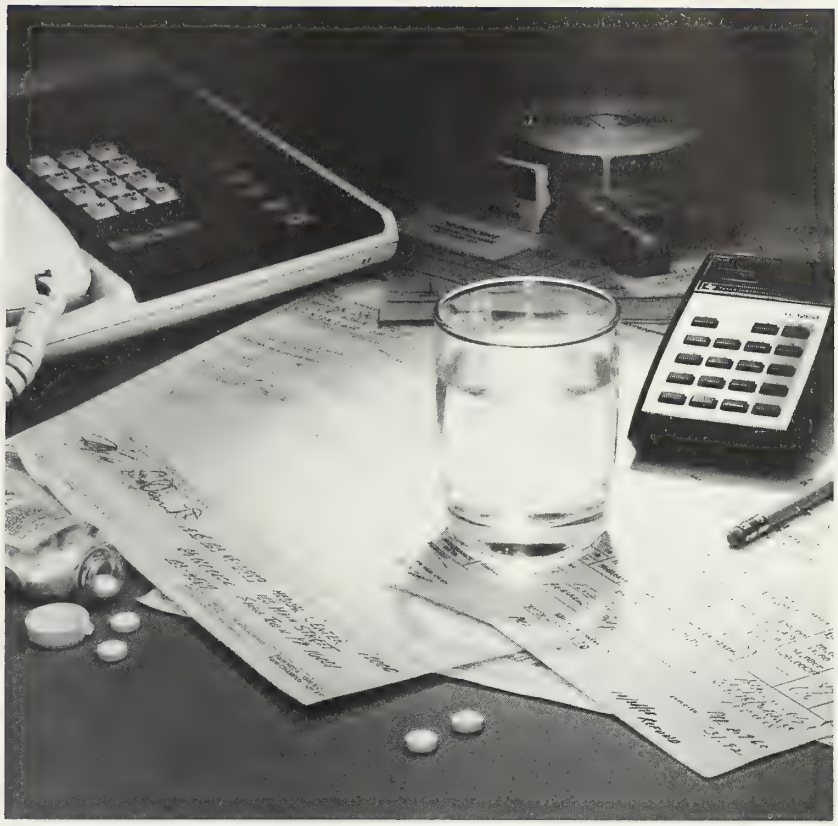

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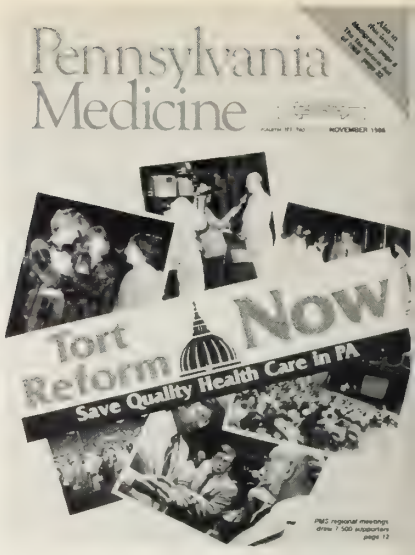

contents

November 1986
Volume 89, Number 11

COVER
12 Tort reform meetings draw 7,500—Karen K. Davis—*report on events at regional sites*

NEWSFRONTS
8 Medigram—*late news at press time*
18 Right to know law affects physicians' offices—*first provisions in effect December 1*
20 Dr. McDermott directs impaired physician program—*joined staff in October*
24 HMO developed by county society begins service—*plan operates in Pittsburgh area*
28 Trust loan recipient provides care in Caribbean—*Dr. James Dailey's trip to St. Lucia*

EDITORIAL
10 New science studies use of data—David A. Smith—*'medical informatics'*

PRACTICE MANAGEMENT
32 Welcome: The Internal Revenue Code of 1986—The Health Care Group—*new tax law's effect on individuals*

SPECIAL FEATURE
44 The pursuit of trivia—Naomi Bluestone—*hemorrhages in the transmission of culture*

MEDICAL FEATURE
50 Prolonged survival in multiple myeloma—B. Viswanathan, Lilia M. Sayson—*case report*

FINANCIAL MANAGEMENT
54 Is your financial shelter a house of cards?—Robert A. Wade, Christine J. Valentine—*checklist for examining well-being*

IN MY OPINION
56 Prohibition revisited—Russell B. Roth—*new tactics needed to discourage smoking*
56 More thoughts on unionization—John M. Cahill—*tools for negotiation*
58 The doctor as a criminal—George A. Rowland—*disciplinary problems evident*
58 Must help ourselves—Kenneth M. Algazy—*view on liability crisis*
60 Specialty misleading—Karl R. Pecht—*comment on directory issue*

DEPARTMENTS
42 Advertisers' index
42 Obituaries
48 Physicians in the news
60 New members
65 Classified advertising

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PMS HOUSE ELECTIONS SET NEW CHAIN OF COMMAND

R. Robert Tyson, MD, was installed as president of the Pennsylvania Medical Society during the Annual Business Meeting October 17-19 in Pittsburgh. Donald E. Harrop, MD, Phoenixville, moved from the vice presidency to president elect. Gerald L. Andriole, MD, Hazleton, was elected vice president over Betty L. Cottle, MD, of Hollidaysburg, who remains on the Board of Trustees. Reelected to the Board of Trustees were: John Helwig Jr., MD, First District; John H. Hobart, MD, Third District; Robert N. Moyers, MD, Eighth District; and David L. Miller, MD, Ninth District. Elected student trustee was Bernard Kennetz of Pittsburgh. A new position on the Board, for a representative of the PMS Hospital Medical Staff Section, was filled by the election of Lee H. McCormick, MD, of Pittsburgh. James A. Raub, MD, Sewickley, was reelected speaker of the House of Delegates, and Jonathan E. Rhoads Jr., MD, of York, vice speaker, both by acclamation. At its reorganization meeting, the Board of Trustees reelected J. Joseph Danyo, MD, York, chairman; Robert N. Moyers, MD, Meadville, vice chairman; and John H. Hobart, MD, Easton, secretary. Full election results will appear in the December issue.

PMS TO STUDY AMENDMENT OF STATE CONSTITUTION

Consideration of a constitutional change to give legislators greater flexibility to alter the state's legal system was called for at the PMS Annual Business Meeting. Some 300 delegates representing 17,000 physicians across the state heard many colleagues testify on the adverse effects of the current liability problem on health care, ranging from increased costs for patients to a diminishing of the availability of care. In other actions, delegates

- Increased dues–by $25 for full dues-paying members and proportionately for other categories of members.
- Called for a total ban on advertising of tobacco products in the print media, prohibition of smoking in hospitals, and a ban on the distribution in public of free cigarettes and smokeless tobacco.
- Encouraged federal legislation to reduce the legal blood alcohol level for drivers from .1% to .05%.
- Supported legislation mandating motor vehicle safety belt use in Pennsylvania.

HOUSE FOCUSES ON HEALTH OF VERY YOUNG, ELDERLY

Legislative action in support of programs to reduce infant deaths is a goal of PMS as a result of action at the 1986 meeting of the House of Delegates. The House called for expansion of eligibility for Medical Assistance to include children and pregnant women who are uninsured and living under the federal poverty level. The proposal also would require health insurance plans to offer a minimum package of pregnancy and child health benefits. On the issue of health care for the elderly, delegates ordered a feasibility study of a plan through which PMS would offer discounted medical care on a voluntary basis.

STATE SOCIETY DEVELOPS YOUNG PHYSICIAN SECTION

Planning has begun for the formation of a new Young Physician Section of the PMS House of Delegates as a result of action at the 1986 annual meeting. The AMA has formed a Young Physician Section, and the PMS Board has appointed representatives from PMS to attend the section meeting in Las Vegas in December 1986 and in Chicago in June 1987. Roberta L. Schneider, MD, an emergency physician from Wyncote, will serve as delegate and Brenda K. Baumann, MD, a family physician from Clearfield, will serve as alternate.

FOUNDATION DISSOLVED; RESPONSIBILITIES MOVED

The Pennsylvania Medical Care Foundation was dissolved by unanimous vote of the administrative members. Foundation duties were assigned to the Council on Medical Economics.

DR. TIMOTHY J. MICHALS ON HEALTH COST COUNCIL

A Philadelphia psychiatrist, Timothy J. Michals, MD, has been appointed by Governor Dick Thornburgh to represent the Pennsylvania Medical Society and the Pennsylvania Medical Osteopathic Medical Association on the state's new Health Care Cost Containment Council. The first meeting of the group, scheduled for November 5, 1986, in Harrisburg, brings together representatives of business, organized labor, third party payers, health facilities, and physicians. Appointments were made from lists provided by the various interest groups. Details about the new law and the council will appear in the December issue.

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editorial

New science studies use of data

One of the latest catch phrases in medical jargon is "medical informatics." This term is used to represent the comprehensive use of information by physicians and their assistants. It is essentially the science of information use. The primary tool used to process such information is the computer.

Computerization of doctors' offices is occurring all across the nation, and computers are becoming a vital part of the everyday practice of medicine. While many among us feel apprehension about joining the "computer revolution," few will be able to avoid the inevitable effects that computers will have on our lives.

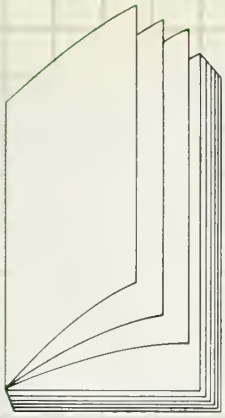
Computers are here to stay, and they have the potential to affect human life as profoundly as did the advent of television. Just ten years ago, the words "byte," "software," "hardware," and "floppy disc" were in few peoples' vocabularies. Today, those terms are used freely. Whether you like computers, hate them, or aren't quite sure just what to make of them, it is clear that most of us are going to have to work toward becoming "computer literate." If we choose to ignore them, we will eventually be left behind.

What are some of the medical applications? The answer is just about anything involving the organization, storage, recall, transfer, and processing of information. In an age when a high value is placed on the efficient, effective use of information, computers have come to our rescue. Just when we thought we might never escape the quagmire of files, documents, research materials, and other such space- and time-consuming materials, the computer has come and promised to eliminate many of the storage and retrieval problems.

The first and foremost goal for each one of us should be the purchase of a computer for our office. This will serve to introduce us to some of the simpler problems that computers can solve, and later we can involve ourselves with more sophisticated uses. Primarily, we should concern ourselves with greater efficiency in the everyday management of the office, for such things as scheduling, records, and billing. Other uses will eventually include accessing major databases, and computer assisted diagnoses and treatments.

Ultimately, we must expect to incorporate the computer and the science of informatics into our everyday lives, just as we have done with the telephone and television. It has been said that the only aspect of life that never changes is "change" itself. In the 40s we began adapting to television and have been evolving as "users" ever since. In the 80s, it is necessary that we do the same with computers. In another twenty or thirty years, we will likely be called upon and challenged to adapt to another evolutionary tool with similar potential for changing human life. If we are unwilling to accept the challenge of today, we will be woefully ill-prepared for the next technological advance. Medical informatics is no longer the "wave of the future." It is here today. If we practicing physicians expect to master the deluge of data created by our fast-paced society, we must call forth that greatest survival technique known to man—adaptation to change.

David A. Smith, MD
Medical Editor



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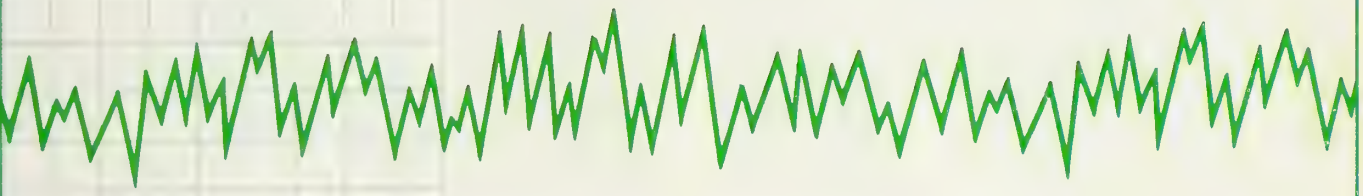

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Tort reform meetings draw 7,500 supporters

Karen K. Davis

On September 16, nearly 7,500 people met at regional sites to discuss the liability insurance problem with their legislators. Physicians and other health care professionals, and members of their families came to signal the General Assembly that reforms in the tort system are needed. They gathered at sites in Allentown, Erie, Harrisburg, Monroeville, Philadelphia, Pittsburgh, State College, Wilkes-Barre, and Willow Grove.

The PMS House of Delegates has made liability reform the Society's top priority since 1982. The regional meetings answered a directive from the House calling for a statewide day of lobbying. Each site combined several senatorial districts. A total of 111 legislators attended.

Physicians at the meetings emphasized that the liability crisis is a broad problem found in all 50 states, and that independent studies of Pennsylvania's medical liability insurance companies found "no excessive profits."

PMS President R. Robert Tyson, MD

Physicians said the increased premiums for liability insurance are affecting their decisions about their practices, which in turn may have an effect on cost and availability of care. They supported tort reforms spelled out in House Bill 2230, introduced by state Representative Kevin Blaum (D-Wilkes-Barre), which include reducing awards by the amount of other payments received, providing for installment payments of large awards, providing for reasonable attorney's fees, limiting recovery to economic loss, speeding up pretrial proceedings, and requiring expert witnesses to have specific qualifications. Physicians said these changes would save money, and thus reduce the cost of the system.

Physicians urged that the General Assembly enact tort reform legislation before the end of this legislative session, November 30.

The meetings began with a video presentation on the liability crisis, which

Physicians discuss tort reform with Representative Kevin Blaum, top left. Senator Patrick J. Stapleton meets with a group of physicians, top right. More than 1,800 people gathered at the Philadelphia site, directly above.

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was projected on large screens. Then legislators were introduced, and the formal program was adjourned so physicians and legislators could meet in small groups.

Participants at the sites said rooms were filled with physicians and guests, demonstrating broad support for liability reform. "The regional meetings showed our legislators that we have the support of large numbers of physicians in trying to gain tort reform," said R. Robert Tyson, MD, PMS president and chairman of the committee on the mass meetings. "Now we must keep communicating with our legislators!" he added.

R. William Alexander, MD, the Society's immediate past president, said, "Through these meetings, we demonstrated to legislators that Pennsylvania's physicians are committed to working for reform of the state's tort system. When only 28 to 50 cents of the premium dollar ends up in the hands of the injured parties and the rest is spent on legal costs, then the system needs changing.

"We need reforms now," Dr. Alexander said. "High insurance rates have affected everyone—local governments, schools, and small businesses, as well as physicians. In health care alone, since we began this campaign four years ago, Pennsylvania's liability payouts have gone up 100 percent. The system is ill and we need a legislative remedy now."

A capacity crowd filled the Pittsburgh site, above. A reporter from WHTM TV, Harrisburg, interviews J. Joseph Danyo, MD, chairman of the PMS Board, below. At right, R. William Alexander, MD, talks with Representative Thomas R. Caltagirone.

Allentown

Past President Alexander presided at the Allentown meeting. Dr. Alexander and Society Trustee John H. Hobart, MD, spoke to the 550 people who assembled at the site. Mrs. Robert L. Snyder, immediate past president of the PMS Auxiliary, also addressed the group before the informal lobbying session began.

Erie

At the meeting in Erie, Trustee Robert N. Moyers, MD, served as host to legislators and 350 guests. A discussion period preceded the lobbying session. Physicians and lawmakers asked questions and commented on liability insurance problems and related issues.

Harrisburg

Over 900 people came to Harrisburg to show their support for tort reform. J. Joseph Danyo, MD, chairman of the PMS Board of Trustees, led the meeting. He discussed liability insurance issues before adjourning the group for lobbying. Trustee J. Mostyn Davis, MD, attended the session in Harrisburg.

Monroeville

Trustee Martin A. Murcek, MD, was

host at the Monroeville site, where over 800 people gathered. Legislators presented their views and fielded questions from the group before the lobbying session began. Trustee David L. Miller, MD, was present at the site.

Philadelphia

More than 1,800 people attended the Philadelphia meeting, where Edward J. Resnick, MD, president of the Philadelphia County Medical Society, presided. Busloads of physicians from across the city arrived for the session. PMS President Tyson and Trustee John Helwig Jr., MD, gave presentations before grass roots lobbying began.

Pittsburgh

Trustee Walter M Greissinger, MD, oversaw the meeting in Pittsburgh. Trustee Ernest L. Abernathy, MD, also attended, along with 475 of his colleagues. Legislators talked to the group during a discussion period before speaking informally with individual physicians.

State College

More than 270 people representing 13 counties attended the meeting held near State College. Trustee Betty L. Cottle, MD, who led the meeting, first spoke to the group about the liability problem, and then initiated small group meetings of physicians and legislators. Mrs. Robert L. Lasher, president of the PMS Auxiliary came to the State College assembly.

Wilkes-Barre

Trustee Victor F. Greco, MD, moderated the meeting at Wilkes-Barre, where 300 people gathered. State Representative Kevin Blaum, sponsor of House Bill 2230, was present at the site. He praised physicians for their work to inform his colleagues about the liability insurance issue and urged them to continue in this effort.

Willow Grove

At the site in Willow Grove, over 1,800 physicians and others concerned with the liability crisis convened under the supervision of host Henry H. Fetterman, MD, a PMS trustee. PMS President Elect Donald E. Harrop, MD, spoke about problems associated with liability insurance, and legislators presented their thoughts on these issues before lobbying began.

Media coverage

Media across the state reported on the regional meetings with legislators. Television stations carrying stories about the event included WFMZ in Allentown; WTAG in Altoona; WSEE in Erie; WHP and WTPA in Harrisburg; KYW, WPUI, and WTAF in Philadelphia; WJAC and WPSX in State College; and WBRE in Wilkes-Barre. Radio stations and newspapers in Allentown, Altoona, Beaver, Bethlehem, Carlisle, Doylestown, Franklin, Germantown, Greensburg, Harrisburg, Lebanon, Levittown, Lewistown, New Castle, Sayre, Sharon, State College, Sunbury, Titusville, West Chester, West Hazleton, Wilkes-Barre, Williamsport, and York reported on the meetings.

"At least 26 states have passed some type of tort reform this year," Dr. Alexander said. "By coordinating these meetings, we took a step toward solving Pennsylvania's problems. We must continue to show support for fair limits to tort law's scope."

He encouraged physicians to continue to contact legislators individually about the need for reform.

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Right to know law affects physicians' offices

On December 1, 1986, the first provisions go into effect for the state's new right to know law, which requires employers to make available information about hazardous substances used in the workplace. The law results from the General Assembly's concern that employees are being exposed, unknowingly, to hazardous substances that might cause health problems, said PMS Staff Attorney Beryl Kuhr. She said the law applies to all employers in the Commonwealth, including physicians.

Formally known as the Worker and Community Right to Know Act, the law was passed by the legislature in 1984. Administrative delays and litigation held up implementation of the law until this summer, when the Pennsylvania Department of Labor and Industry promulgated regulations that establish dates on which various provisions take effect. The regulations were published in the August 2, 1986, *Pennsylvania Bulletin.* Substances defined in the Federal Food, Drug and Cosmetic Act are exempt from the provisions.

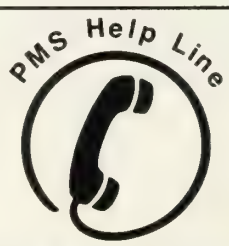
The regulations say employers must complete the following by December 1, 1986.

- Post a "Workplace Notice," available from the Department of Labor and Industry. The notice informs employees of their rights under the law.
- Provide an annual education program to employees exposed to hazardous substances. The training may be given in written or oral form.
- Compile and post a list of all hazardous substances found in the workplace, including environmental hazards. The list must be updated annually. Upon request, an employer must furnish an employee with a list of hazardous substances used in the employee's work area.

Effective in August, 1987, the employer must maintain, for each hazardous substance in the workplace, a file containing a Material Safety Data Sheet prepared by the manufacturer or supplier, and must furnish the data sheets to employees on request. Also, all containers storing hazardous substances must be labeled.

By August 1988, all containers storing single chemicals or chemical mixtures must be labeled.

A book explaining the law and listing hazardous substances is available from the Department of Labor and Industry. To obtain a copy or for additional information, contact the Right to Know Office, Pennsylvania Department of Labor and Industry, Seventh and Forster Streets, Harrisburg 17120; (717) 783-2071.



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PMS Help Line—Just A Call Away

Over 5,000 treated through Eye Project

An update on the National Eye Care Project, the program offering medical eye care to disadvantaged elderly people, recently was released by the American Academy of Ophthalmology.

In Pennsylvania, over 7,300 senior citizens have called the project's toll-free number to get information on eye diseases, the report said. Of that number, over 5,500 have made appointments with volunteer physicians and have received treatment, including 235 people who were treated for glaucoma.

In the nation, over 90,000 people have called on the help line, and over 60,000 have been referred to ophthalmologists. More than 70 percent of those examined have been found to suffer from glaucoma, cataracts, diabetic retinopathy, macular degeneration, or other eye diseases, the report said.

The program is sponsored locally by the Pennsylvania Academy of Ophthalmology and Otolaryngology. Physicians participating in the program do not charge patients for care. Patients who do not have insurance receive free examinations. For those with Medicare or other medical coverage, participating ophthalmologists accept insurance coverage as payment in full.

U.S. residents 65 and older who have medical eye problems, but who have not seen an ophthalmologist in three years can apply for eye care by calling the toll free number, 1-800-222-EYES. Those who qualify are matched with participating ophthalmologists near their homes.

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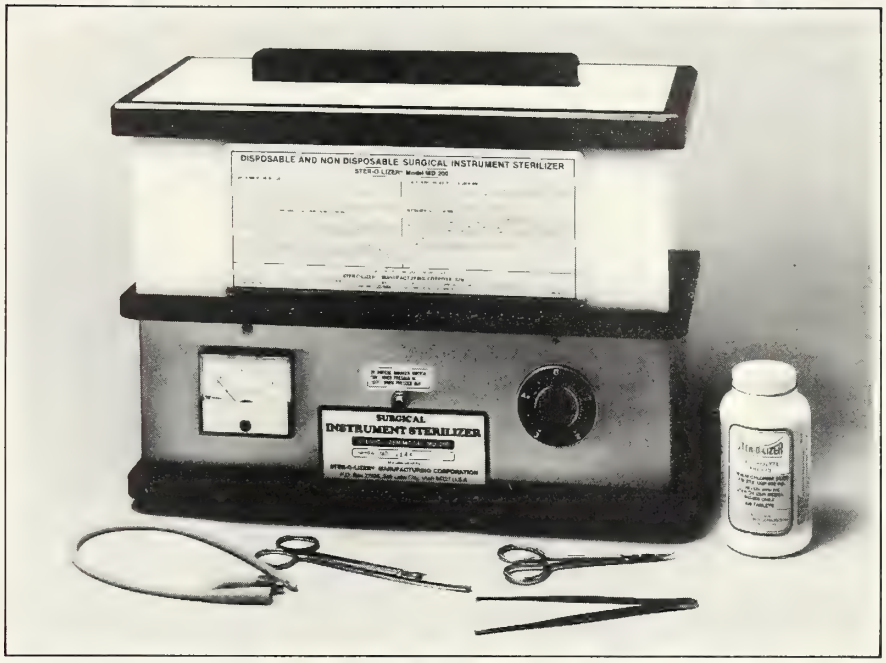

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Physician directs impaired physician program

In October, Robert W. McDermott, MD, joined the staff of the Society as medical director of the impaired physician program. Prior to working at PMS, Dr. McDermott was a practicing psychiatrist in North Carolina, and he directed an addictive diseases treatment center in Winston-Salem.

Dr. McDermott received a bachelor of science degree in chemical and biochemical engineering from the University of Pennsylvania and earned his medical degree at Yale University School of Medicine.

He completed an internship at the University of North Carolina Memorial Hospital, and went on to a residency in anesthesiology at the University of Utah Medical Center, where he was chief resident in his final year. He also has trained in the fields of obstetric anesthesia, radiology, preventive medicine, and psychiatry, and has served as a major in the U.S. Air Force Medical Corps.

While he was a resident in psychiatry at Sheppard Enoch Pratt Hospital in Baltimore, Dr. McDermott served as a consultant for the hospital's comprehensive drug abuse program and as psychiatric consultant at Baltimore's Mainstream Alcohol Day Treatment Program. He is a member of the American Psychiatric Association and the American Medical Society on Alcoholism and other Drug Dependencies.

Apart from medicine, Dr. McDermott said he enjoys general exercise and body conditioning, recreational distance running, swimming, boating, and skiing. He and his wife, Sharon, have one son.

Eight trauma centers designated in state

Eight Pennsylvania hospitals have been accredited as trauma centers by the Pennsylvania Trauma Systems Foundation, the organization that directs a voluntary accreditation program for trauma centers.

Five of the eight hospitals were named Level I Regional Resource Trauma Centers. Allegheny General Hospital, Pittsburgh; Geisinger Medical Center, Danville; Hahnemann University Hospital, Philadelphia: Lehigh Valley Hospital Center, Allentown; and York Hospital were granted Level I status. Three hospitals were designated Level II Regional Trauma Centers. They are Frankford Hospital, Philadelphia; Milton S. Hershey Medical Center, Hershey; and Robert Packer Hospital, Sayre.

Trauma centers maintain resources needed to provide efficient surgical intervention for the 3 to 5 percent of emergency victims with severe, life-threatening injuries. Hospitals at both levels are required to have trauma specialists in house at all times. Level I centers must maintain trauma research and education programs in addition to providing clinical care.

Trauma experts from across the United States survey hospitals that apply for accreditation. The Pennsylvania Trauma Systems Foundation plans to accept new applications for trauma center designation at the beginning of 1987. Programs at the eight new trauma centers will be reviewed in one year for reaccreditation. After next year's reassessment, they will be surveyed every two years.

For more information on the accreditation program, contact the Pennsylvania Trauma Systems Foundation, Box 608, Camp Hill 17011; (717) 763-7053.

JCAH plans to measure quality of care

Dennis O'Leary, MD, the new president of the Joint Commission on Accreditation of Hospitals (JCAH), has unveiled a campaign to evaluate the quality of health care services. Dr. O'Leary's plan calls for the inclusion of clinical outcome measurements in the processes used by the joint commission to survey and accredit health care organizations.

For the first time in its history, JCAH is developing severity-adjusted measurements of clinical outcomes. "From now on," Dr. O'Leary said, "our accreditation activities will focus on helping facilities improve the effectiveness of their quality assurance systems in monitoring and evaluating the most important indicators of the quality of clinical care they provide."

Dr. O'Leary refers to these plans as the key to the future success of the health professions' efforts to preserve the quality of health care available to the American public. Speaking to other practitioners, Dr. O'Leary said, "We now have the fundamental knowledge and methodology necessary to begin to define and measure the quality of care you provide, and the commission is going to help you do it. If we don't, others will, and the probability that they will misinterpret the results of their efforts is too high. This could have major negative ramifications for health policy in this country and, more important, for the quality of care available to the American people. We have a compelling professional obligation to do it ourselves—better measurement of quality means better care for our patients."

The joint commission will begin using measurements of clinical outcomes as indicators of quality in the accreditation process in 1987. "America's health care leaders are talking about quality, but many still suggest that it cannot be measured. We are convinced it can be defined and can be effectively measured," said Dr. O'Leary. JCAH has created a new department of research and development to compile a full set of clinical outcome indicators, and a data acquisition system.

"This development will prepare health care facilities, for the first time ever, to measure their performance quality and document their clinical success," said Dr. O'Leary.

Academy installs president

The Pennsylvania Academy of Ophthalmology and Otolaryngology has installed a new president, Edward A. Jaeger, MD, of Media. Dr. Jaeger, an ophthalmologist, is attending surgeon on the general ophthalmology service at Wills Eye Hospital and a professor at Jefferson Medical College.

A graduate of the University of Pittsburgh School of Medicine, Dr. Jaeger was an intern at Western Pennsylvania Hospital, Pittsburgh, and served as a flight surgeon in the U.S. Navy. He completed his residency at Thomas Jefferson University Hospital.

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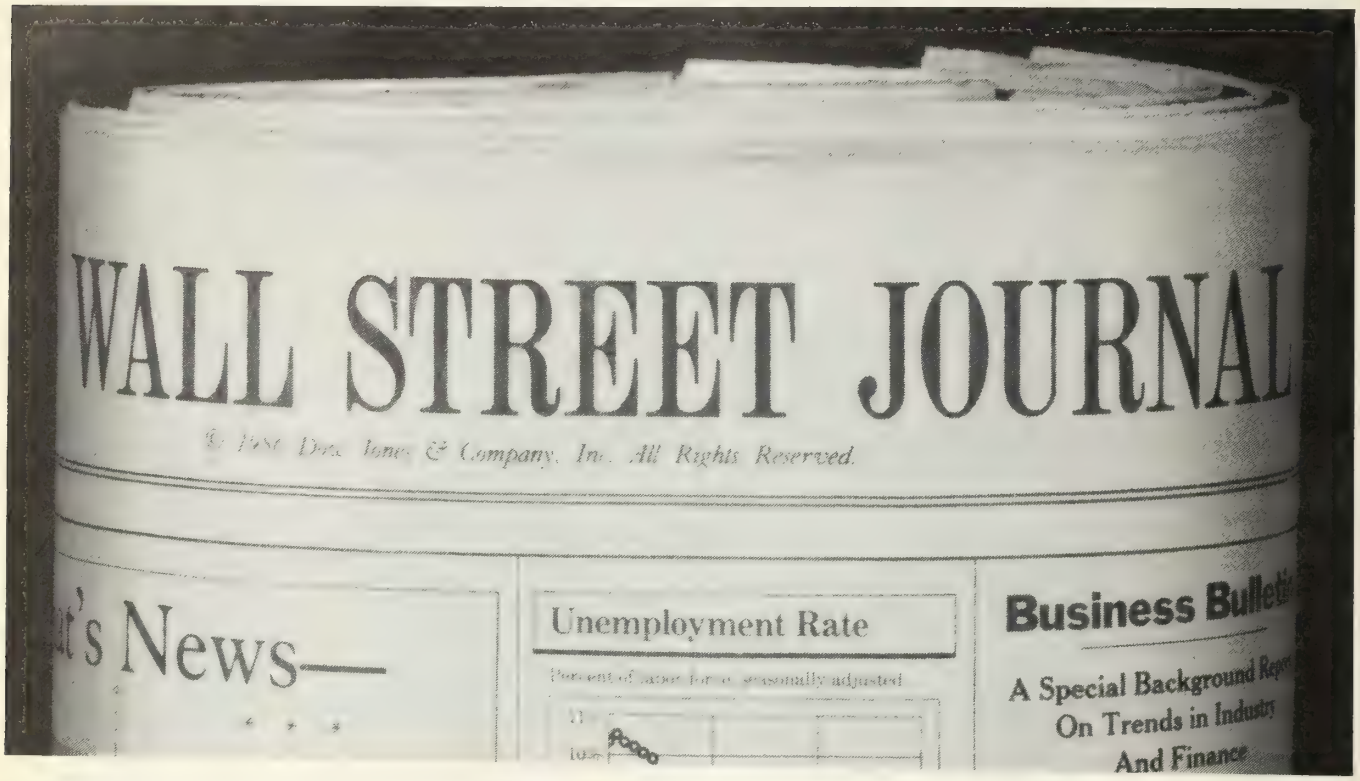

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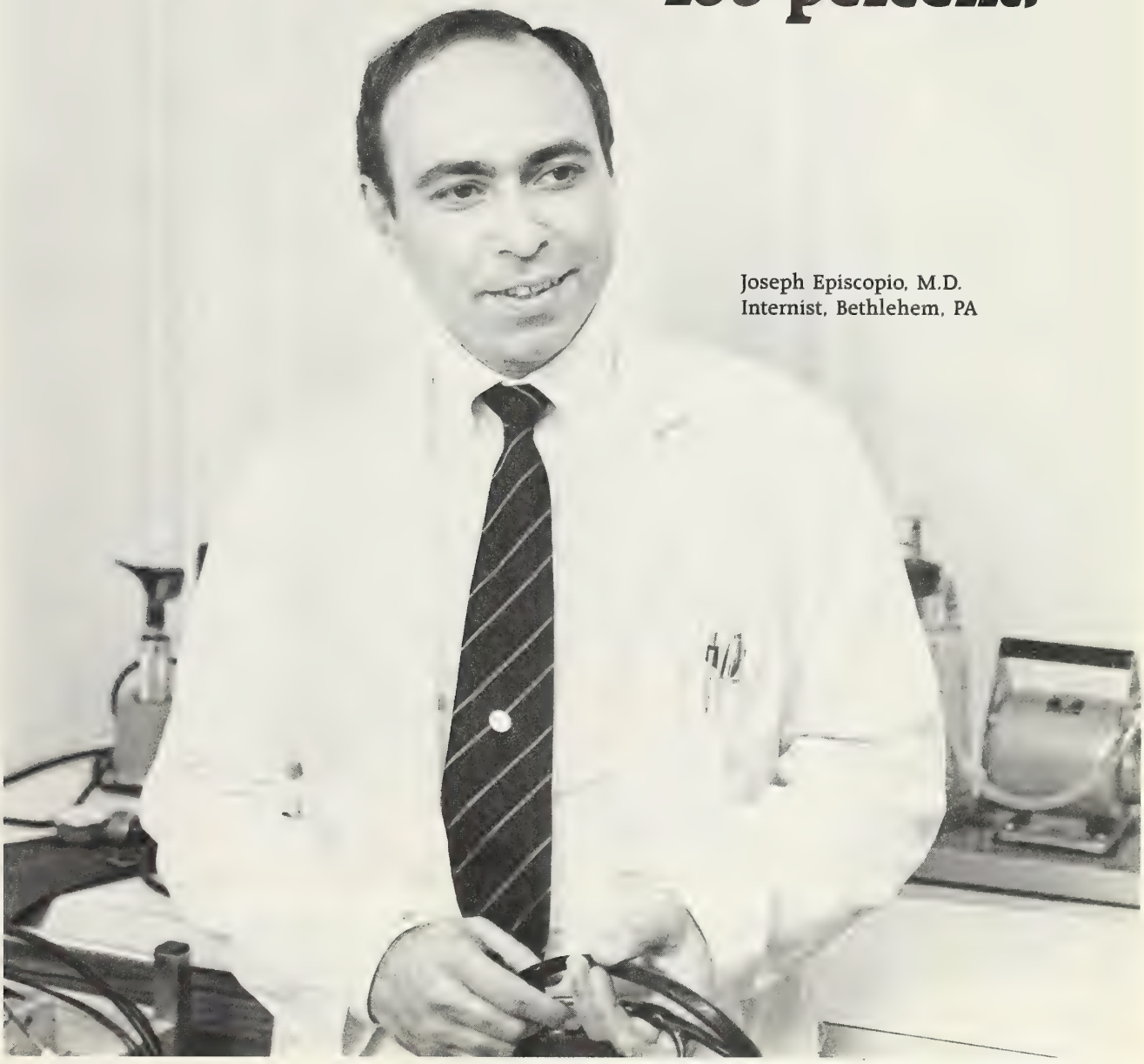

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HMO developed by county society begins service

Physicians Health Plan (PHP) of Western Pennsylvania, an independent practice association (IPA) model health maintenance organization (HMO), launched its health care benefits plan in Pittsburgh's five-county metropolitan area.

Originally developed by the Allegheny County Medical Society, Physicians Health Plan of Western Pennsylvania offers consumers the largest network of medical providers available to area HMO subscribers: 1,293 physicians, including specialists in every medical field, 25 hospitals, and 109 pharmacies in Allegheny, Beaver, Butler, Washington, and Westmoreland counties. The number of providers is still in its growth stage with additional participants joining daily.

Former Allegheny County Medical Society President Daniel H. Brooks, MD, serves as the plan's chairman of the board. "Physicians Health Plan represents the response of local doctors to the rapidly changing health care needs of the people of western Pennsylvania. It's an opportunity for physicians to sponsor a comprehensive health services program that will lessen the pressures of escalating medical costs, while continuing to maintain the highest standards of care available. Our plan is designed to provide affordable, quality health care for subscribers without sacrificing their freedom to choose physicians and medical facilities," said Dr. Brooks.

"For a fixed, pre-paid membership fee, our subscribers receive benefits which include unlimited visits to their doctors plus full hospitalization coverage. Members will not receive any doctor bills or have any claim forms to fill out; the plan takes care of that," said Chief Executive Officer Larry Rambo, who heads the plan's administration.

"Instead of paying contracted physicians a set monthly amount as in capitated HMO models," Rambo continued, "our plan's private practice physicians receive payment for each service provided. Those fees are based on a survey of doctors' charges in the area. In order to maintain cost effectiveness, parameters are set up by our medical committee to preserve performance goals ranging from office care to hospitalization."

Participating plan hospital providers include: Allegheny General, Aliquippa, Braddock General, Central Medical, Children's, Citizen's General, Divine Providence, Eye & Ear, Forbes Regional Health Center, Jefferson, Magee-Womens, McKeesport, Monongahela Valley, Montefiore, North Hills Passavant, Presbyterian-University, St. Clair, St. Francis, St. John's, St. Margaret's, Sewickley Valley, Shadyside, South Side, Suburban General, and West Penn.

Another quality which distinguishes Physicians Health Plan of Western Pennsylvania from other HMOs is the fact that it is 75 percent owned by participating local physicians. The remaining 25 percent ownership belongs to Charter Med, Inc., a management company retained by the plan.

In addition to Dr. Brooks, the plan's eight-member board is comprised of five other local physician-owners: current Allegheny County Medical Society President Phillip R. Levine, MD; Daniel H. Gregory, MD; H. Lee Dameshek, MD; Gilbert A. Friday, MD; and Richard E. Deitrick, MD. Two members represent Charter Med.

Charter Med is a subsidiary of United Health Care Corporation, one of the largest publicly held HMO companies in the United States, and a national developer and marketer of alternative health care delivery systems. It manages 40 HMO plans in 25 states, servicing a total membership of 1,060,200 subscribers. Over 14,400 participating physicians provide health care services for over 4,000 employer groups.

According to Physicians Health Plan's Director of Marketing Klaus Sturzebecher, "Our target market will focus on insurance brokers and employers until the beginning of 1987 when a health care benefits package will be available to the public on an individual subscriber basis. In the future, we expect to offer expanded services, such as a plan for senior citizens, as well as dental and vision packages."

For additional information contact the PHP office, (412) 366-9000.

Hospital costs continue upward

The daily cost of semiprivate rooms in the nation's hospitals increased 4 percent from July 1985 to January 1986. During the same period in 1984, the increase was only 1.6 percent.

During the six month period ending in January 1986, the daily cost of a semiprivate room rose from an average of $217.19 to $225.86 per day, said a report released last month by the Health Insurance Association of America (HIAA).

In a related statistic, the average length of a hospital stay in 1984 dropped to 7.3 days. The average has not been this low since the HIAA began compiling these figures in 1946. From 1977-83, the average length of a hospital stay remained a constant 7.6 days.

These and other statistics are reported in the just published "Source Book of Health Insurance Data: 1986 Update." The update is a statistical supplement to the 1984-85 Source Book of Health Insurance Data. The book, which is published by the HIAA biennially, is the insurance industry's primary source of health insurance data.

Other key statistics from the update are:

- Private health insurers provided about $108.9 billion in benefits in 1984, a 2.7 percent increase over the 1983 total ($106 billion).
- More than 188 million Americans were covered by private health insurance for both hospital and medical expenses in 1984 while approximately 172 million had major medical coverage.
- About 83 percent of the U.S. population under age 65 was covered by private health insurance in 1984.
- An estimated 107 million Americans were protected by some form of dental expense insurance in 1984, an increase of 2.9 percent over 1983.
- More than 82 million Americans had some form of disability income protection in 1984, providing partial replacement of income lost because of an illness or injury.

Single copies of the 1986 update are available free from the Health Insurance Association of America, Dept. 1255, 1850 K Street, N.W., Washington, D.C. 20006-2284.

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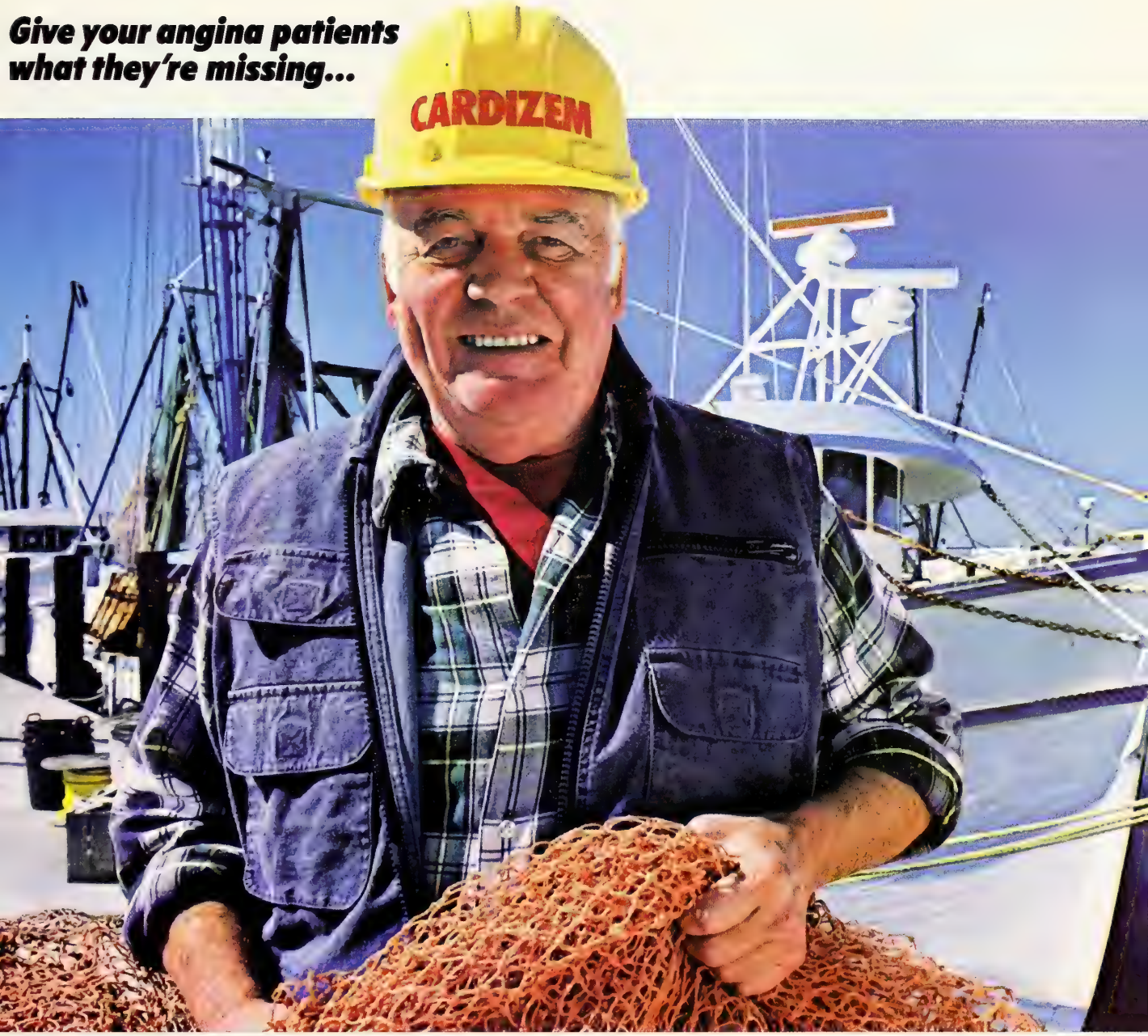

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Professional Use Information

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CONTRAINDICATIONS

CARDIZEM is contraindicated in (1) patients with sick sinus syndrome except in the presence of a functioning ventricular pacemaker, (2) patients with second- or third-degree AV block except in the presence of a functioning ventricular pacemaker, and (3) patients with hypotension (less than 90 mm Hg systolic).

WARNINGS

1. **Cardiac Conduction.** CARDIZEM prolongs AV node refractory periods without significantly prolonging sinus node recovery time, except in patients with sick sinus syndrome. This effect may rarely result in abnormally slow heart rates (particularly in patients with sick sinus syndrome) or second- or third-degree AV block (six of 1,243 patients for 0.48%). Concomitant use of diltiazem with beta-blockers or digitalis may result in additive effects on cardiac conduction. A patient with Prinzmetal's angina developed periods of asystole (2 to 5 seconds) after a single dose of 60 mg of diltiazem
2. **Congestive Heart Failure.** Although diltiazem has a negative inotropic effect in isolated animal tissue preparations, hemodynamic studies in humans with normal ventricular function have not shown a reduction in cardiac index nor consistent negative effects on contractility (dp/dt)
   Experience with the use of CARDIZEM alone or in combination with beta-blockers in patients with impaired ventricular function is very limited. Caution should be exercised when using the drug in such patients
3. **Hypotension.** Decreases in blood pressure associated with CARDIZEM therapy may occasionally result in symptomatic hypotension
4. **Acute Hepatic Injury.** In rare instances, significant elevations in enzymes such as alkaline phosphatase, CPK, LDH, SGOT, SGPT, and other symptoms consistent with acute hepatic injury have been noted. These reactions have been reversible upon discontinuation of drug therapy. The relationship to CARDIZEM is uncertain in most cases, but probable in some. (See PRECAUTIONS.)

PRECAUTIONS

General. CARDIZEM (diltiazem hydrochloride) is extensively metabolized by the liver and excreted by the kidneys and in bile. As with any new drug given over prolonged periods, laboratory parameters should be monitored at regular intervals. The drug should be used with caution in patients with impaired renal or hepatic function. In subacute and chronic dog and rat studies designed to produce toxicity, high doses of diltiazem were associated with hepatic damage. In special subacute hepatic studies, oral doses of 125 mg/kg and higher in rats were associated with histological changes in the liver which were reversible when the drug was discontinued. In dogs, doses of 20 mg/kg were also associated with hepatic changes, however, these changes were reversible with continued dosing

Drug Interaction. Pharmacologic studies indicate that there may be additive effects in prolonging AV conduction when using beta-blockers or digitalis concomitantly with CARDIZEM. (See WARNINGS.)

Controlled and uncontrolled domestic studies suggest that concomitant use of CARDIZEM and beta-blockers or digitalis is usually well tolerated. Available data are not sufficient, however, to predict the effects of concomitant treatment, particularly in patients with left ventricular dysfunction or cardiac conduction abnormalities. In healthy volunteers, diltiazem has been shown to increase serum digoxin levels up to 20%

Carcinogenesis, Mutagenesis, Impairment of Fertility. A 24-month study in rats and a 21-month study in mice showed no evidence of carcinogenicity. There was also no mutagenic response in in vitro bacterial tests. No intrinsic effect on fertility was observed in rats

Pregnancy. Category C. Reproduction studies have been conducted in mice, rats, and rabbits. Administration of doses ranging from five to ten times greater (on a mg/kg basis) than the daily recommended therapeutic dose has resulted in embryo and fetal lethality. These doses, in some studies, have been reported to cause skeletal abnormalities. In the perinatal/postnatal studies, there was some reduction in early individual pup weights and survival rates. There was an increased incidence of stillbirths at doses of 20 times the human dose or greater

There are no well-controlled studies in pregnant women, therefore, use CARDIZEM in pregnant women only if the potential benefit justifies the potential risk to the fetus

Nursing Mothers. Diltiazem is excreted in human milk. One report suggests that concentrations in breast milk may approximate serum levels. If use of CARDIZEM is deemed essential, an alternative method of infant feeding should be instituted

Pediatric Use. Safety and effectiveness in children have not been established

ADVERSE REACTIONS

Serious adverse reactions have been rare in studies carried out to date, but it should be recognized that patients with impaired ventricular function and cardiac conduction abnormalities have usually been excluded

In domestic placebo-controlled trials, the incidence of adverse reactions reported during CARDIZEM therapy was not greater than that reported during placebo therapy

The following represent occurrences observed in clinical studies which can be at least reasonably associated with the pharmacology of calcium influx inhibition. In many cases, the relationship to CARDIZEM has not been established. The most common occurrences as well as their frequency of presentation are: edema (2.4%), headache (2.1%), nausea (1.9%), dizziness (1.5%), rash (1.3%), asthenia (1.2%). In addition, the following events were reported infrequently (less than 1%).

Cardiovascular	Angina, arrhythmia, AV block (first degree), AV block (second or third degree — see conduction warning), bradycardia, congestive heart failure, flushing, hypotension, palpitations, syncope
Nervous System	Amnesia, gait abnormality, hallucinations, insomnia, nervousness, paresthesia, personality change, somnolence, tinnitus, tremor.
Gastrointestinal	Anorexia, constipation, diarrhea, dysgeusia, dyspepsia, mild elevations of alkaline phosphatase, SGOT, SGPT, and LDH (see hepatic warnings), vomiting, weight increase
Dermatologic	Petechiae, pruritus, photosensitivity, urticaria
Other	Amblyopia, dyspnea, epistaxis, eye irritation, hyperglycemia, nasal congestion, nocturia, osteoarticular pain, polyuria, sexual difficulties

The following postmarketing events have been reported infrequently in patients receiving CARDIZEM: alopecia, gingival hyperplasia, erythema multiforme, and leukopenia. However, a definitive cause and effect between these events and CARDIZEM therapy is yet to be established.

Issued 7/86

See complete Professional Use Information before prescribing

References: 1. Pepine CJ, Feldman RL, Hill JA, et al: Clinical outcome after treatment of rest angina with calcium blockers: Comparative experience during the initial year of therapy with diltiazem, nifedipine, and verapamil. Am Heart J 1983; 106(6):1341-1347 **2.** Shapiro W: Calcium channel blockers: Actions on the heart and uses in ischemic heart disease. Consultant 1984;24(Dec):150-159 **3.** Johnston DL, Lesoway R, Humen DP, et al: Clinical and hemodynamic evaluation of propranolol in combination with verapamil, nifedipine and diltiazem in exertional angina pectoris: A placebo-controlled, double-blind, randomized, crossover study. Am J Cardiol 1985;55:680-687 **4.** Cohn PF, Braunwald E: Chronic ischemic heart disease, in Braunwald E (ed): Heart Disease: A Textbook of Cardiovascular Medicine, ed 2. Philadelphia, WB Saunders Co, 1984, chap 39 **5.** Schroeder JS: Calcium and beta blockers in ischemic heart disease: When to use which. Mod Med 1982;50(Sept):94-116

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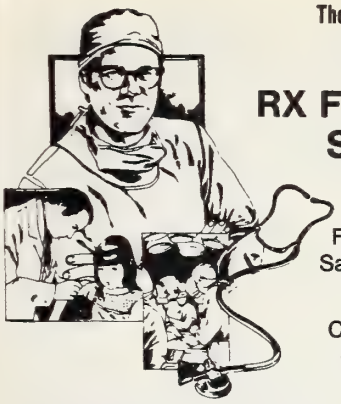

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Trust loan recipient provides care in Caribbean

When he graduated from Cornell University Medical College in 1982, James P. Dailey, MD, didn't know his training would take him to the shores of paradise. Nor could he have guessed the obvious delights that went along with his stay in the Caribbean would be surpassed by the satisfaction he got from working with the native medical staff and patients there.

But that's exactly what happened to the Erie native, whose medical education has been financed in part through a loan from the Educational and Scientific Trust of the Pennsylvania Medical Society. The experience has changed his life, Dr. Dailey said.

Dr. Dailey presently is completing a residency in ophthalmology at the Massachusetts Eye and Ear Infirmary. As part of a program offered by Harvard University and the International Eye Foundation, Bethesda, Maryland, he spent nearly two months last winter treating eye patients at Victoria Hospital in Castries, one of the largest towns on St. Lucia, a small island in the West Indies.

"For someone who loves the sun, surf, and sand the way I do, the assignment seemed too good to be true, especially the part about being there in January and February!" Dr. Dailey said. "The hospital in Castries was a medieval-looking structure," he said. "The West Indies had been a battleground between the British and French for centuries, and, like the other islands, St. Lucia is dotted with fortifications. Victoria Hospital seemed to fit right in architecturally and historically."

"St. Lucia's population of 120,000 is made up primarily of black West Indians," Dr. Dailey said. "Living on a diet consisting mainly of fish and fruit, they are extremely healthy. Few suffer from heart disease and bowel cancer, so prevalent in our society. In fact, I asked one person during an examination if he'd ever had a heart condition, and he didn't know what I was talking about.

"Although they are very poor—the unemployment rate on the island is about 85 percent—they have a long life expectancy. A major problem is blindness. The island's inhabitants have an incidence of glaucoma six to 10 times higher than exists here in the United States. Cataract problems also are common, and there are other widespread eye problems, especially blindness resulting from what had been correctable eye disorders," Dr. Dailey said.

"My 'tropical vacation' suddenly became an intensive period of eye examinations and surgeries," he continued. "With so few doctors on the island, there was a lot of work to be done. It was the most rewarding medical experience I have ever had. It's hard to describe the feeling I had when, after I had removed cataracts, a patient who previously had very little perception could see better than he had ever seen before. To make such a difference to people is exhilarating!"

Dr. Dailey has a high regard for the island's medical staff. Since there are so few doctors, he explained, most of the local health centers are operated by nurses, who are professional and capable.

"The island's permanent medical personnel are either St. Lucian or British, and they've been trained in either Canada or Britain," Dr. Dailey said. "Besides being devoted to their patients, they know their medicine. This includes some very sophisticated knowledge about eye disease. I recall examining one patient and having the attending nurse make the correct diagnosis of an obscure eye condition independent of me. Everybody at Victoria Hospital was terrific to work with.

"I hated to leave and can't wait to go back," he said, adding that he encourages others to spend time in similar situations.

He is grateful for the help of the Educational and Scientific Trust: "Without the financial aid I received from the Trust during medical school training, I might never have had the opportunity to provide eye care on St. Lucia. I hope all of Pennsylvania's physicians will support the Trust."

"I never realized what a difference I could make in people's lives," Dr. Dailey emphasized. "I hope other doctors will take advantage of similar opportunities available to them. We *do* make a difference."

Blood pressures checked at work

In Franklin, Fulton, Cumberland, Perry, Dauphin, and Lebanon Counties, the South Central Pennsylvania Chapter of the American Heart Association is testing adults at their work sites for high blood pressure. People who have elevated blood pressure readings at the screenings and who are not being treated for hypertension, are counseled about potential consequences of high blood pressure, and are referred to physicians of their choice for further evaluation.

Since November 1985, 1,103 of the 9,023 people screened in the six-county area have been referred to local physicians. Referral criteria, established by the heart association and the state health department, co-sponsor of the project, are as follows:

Systolic—for ages 18-49, those with pressures greater than 140 mm HG are referred; for ages 50 and older, those with pressures greater than 160 mm HG are referred.

Diastolic—for ages 18 and older, those with pressures greater than 90 mm HG are referred.

Dr. Marasco elected ACR president

The American College of Radiology (ACR) installed Pennsylvania physician Joseph A. Marasco Jr., MD, as president at its recent meeting in Baltimore.

Dr. Marasco is director of radiology at the Forbes Metropolitan Health Center in Pittsburgh. He earned his medical degree at the University of Pittsburgh School of Medicine, and completed a residency at Philadelphia Veterans Administration Hospital.

Before his election to the presidency, Dr. Marasco served the ACR as secretary-treasurer, chairman of the Board of Chancellors, and as president of its Pennsylvania chapter. He is a fellow of the college.

Outside medicine, Dr. Marasco is interested in opera, and he serves on the Board of Directors of the Pittsburgh opera.

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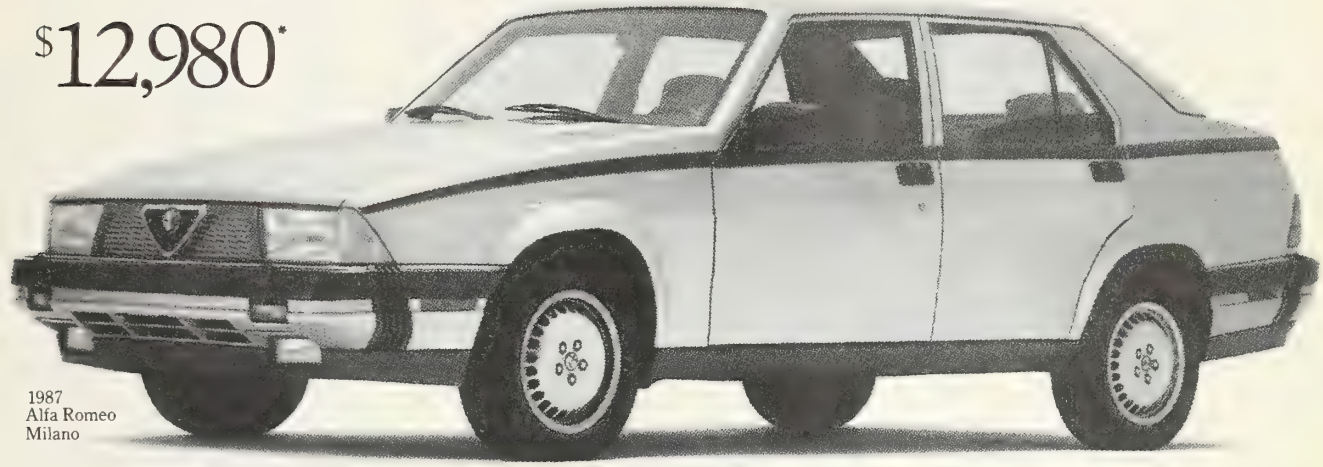

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Health department publishes report on HMOs

The number of health maintenance organizations (HMOs), may double by the end of the year, according to a report from the state Health Department.

The publication, the 1985 Annual Report on Health Maintenance Organizations, is produced by the department's Bureau of Health Financing and Program Development and contains both the current status of HMOs in the Commonwealth and prospects for the future.

The report states that more than 670,000 Pennsylvania residents voluntarily elected to received their health care insurance protection and health care services through one of the 18 HMOs operating in 1985, and predicts, based on enrollment trends and the 23 applications for new HMOs pending in early 1986, that more than a million Pennsylvania citizens will be served by HMOs in 1987.

A growing number of Pennsylvania consumers are finding that they have a choice of one or more prepaid health care plans offered through their employer's group health benefits program. The Health Department's report notes that more than 13 percent of the population of the greater Philadelphia metropolitan area, and more than 6 percent of the Allegheny County population, receive their care through HMOs. A map of HMO service areas in the report also indicates that HMOs are now operating in approximately half of Pennsylvania counties.

For copies of the report, write to the Pennsylvania Department of Health, Box 90, Division of Health Care Plans, Room 1030, Health and Welfare Building, Harrisburg 17108.

State rabies count 444

The state Health Department reported a total of 60 animal rabies cases in September, a figure that brings the 1986 count to 444 cases. The statewide count is only six cases less than last year's 12-month total of 450 cases.

Cases this year have now been confirmed in 28 counties and involve 10 animal species. Two counties, Lehigh and Lebanon, confirmed their first cases of the year in September. Dauphin County led the state in September with 16 cases. The county has confirmed 37 cases this year.

York County continues to lead the state count with a total of 123 cases—11 in September. Perry County is second with 103 cases—also with 11 in September. Cumberland County has confirmed 52 cases—five in September, and ranks third in the state.

Department proposes changes in disease reporting

State health officials have announced a proposal that would add seven diseases to the list of diseases that are mandatory to report. At the same time, the Health Department is also proposing to remove smallpox from the list.

The list of the seven diseases the Health Department hopes to add to its mandatory reporting list was published in the September 27 edition of the *Pennsylvania Bulletin* and includes AIDS, campylobacteriosis, *Haemophilus influenzae* type B, hepatitis non-A non-B, Kawasaki disease, Lyme disease, and toxic shock syndrome.

"The United States Public Health Service recommends these diseases be reported to state departments of health. Many other states have made these diseases reportable by law," said Ernest Witte, VMD, director of the Division of Acute Infectious Disease Epidemiology. "All of these diseases are being reported in Pennsylvania on a voluntary basis. Mandatory reporting insures more accurate identification of cases of disease in the Commonwealth. We are proposing that physicians, nurses, infection control personnel, laboratory directors, and hospital and nursing home administrators be responsible for reporting these diseases."

Dr. Witte said the requirement for reporting cases of smallpox in the state is no longer needed because global eradication of that disease was confirmed by the World Health Organization in 1980.

The proposal will become effective upon final publication in the *Pennsylvania Bulletin*.

Payment of motor vehicle liability insurance benefits

Nancy W. Miller, Esq.

The Pennsylvania Motor Vehicle Financial Responsibility Law includes a section for determining which automobile insurance policy is responsible for the payment of first party benefits arising from an accident when more than one policy applies. Although Pennsylvania is no longer regulated by a "no-fault" automobile insurance system, first party benefits, including medical benefits, income loss benefits, accidental death benefits, and funeral benefits continue to be administered by a modified "no-fault" concept under the new law. In the event of a motor vehicle accident resulting in injury or death, the statute provides that the person who is injured shall recover such first party benefits against applicable insurance coverage in the following order or priority:

1. If the injured person carries his own automobile liability insurance policy, his policy is the source of benefits in all circumstances.

2. If the injured person does not carry his own policy, but is living in a household with a relative who has automobile liability insurance, that policy is the source of benefits. The statute defines the word "relative" to include your spouse, anyone related to you by blood, marriage, or adoption, and a minor in the custody of you, or a relative who is resident in your household.

3. If the injured person does not have his own policy, is not residing in a household with a relative that has insurance, *and he was injured while he was the occupant of an insured vehicle,* the policy on that vehicle is the source of benefits.

4. If the injured person does not have his own policy, is not residing in a household with a relative that has insurance, *and he was NOT the occupant of a vehicle when he was injured,* the policy on any vehicle involved in the accident is the source of benefits. If more than one vehicle is involved, each insurer contributes pro rata. This provision does not apply to a policy covering a parked and unoccupied vehicle involved in the accident unless it was parked so as to cause unreasonable risk of injury. 75 Pa.CSA §1717.

This information may be helpful to you in the event a client raises the issue of which insurer should be billed for services.

The author is associated with Vasilios J. Kalogredis Law Associates in Wayne.

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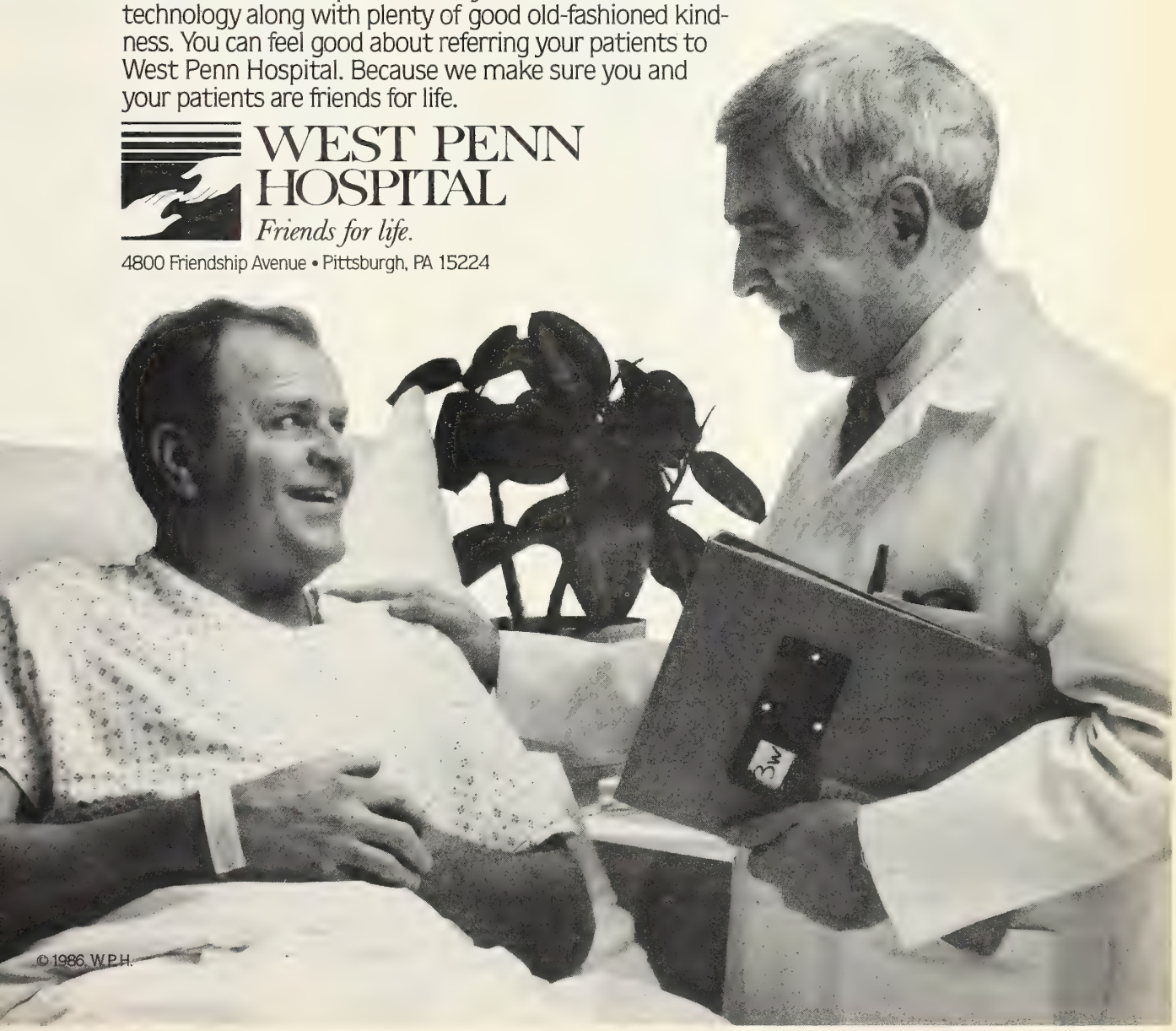

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Welcome: The Internal Revenue Code of 1986

The Health Care Group

At the writing of this article, Congress has passed the Tax Reform Act of 1986. President Reagan has indicated that he will sign it so we may expect enactment by the time this article appears in print.

This Act is the most comprehensive revision in the tax laws in more than three decades. Because of the far-reaching nature of the Act, which is over 900 pages long, it is impossible to review every provision that might affect physicians, their practices, professional corporations, and arrangements. This article is an overview of the provisions that will have the biggest impact on doctors.

Physicians and their advisors must be aware of the Act's provisions and alert to planning possibilities. There are opportunities for tax savings available, but, in many cases, they must be accomplished before December 31, 1986. To assist in that effort, this first of three articles considers changes in individual taxation. Upcoming issues of PENNSYLVANIA MEDICINE will contain articles by the Health Care Group reviewing the Act's corporate and business taxation and provisions for retirement plans and employee benefits.

Basic rate structure

Tax rates. In general, the Act lowers individual income tax rates while, simultaneously, it broadens the definition of "taxable income" against which the rates apply. The Act supposedly shifts the income tax burden away from individuals and toward corporations, although the same amount of total tax-revenue as under current law is expected to be raised. Because the tax rate reductions are not fully implemented until 1988, while many tax exclusions and deductions are eliminated in 1987, many physicians can expect a tax increase for 1987. Careful planning can minimize (or perhaps eliminate) that result.

The present multi-bracket tax rates range from 11% to 50%. For 1987 there will be joint return and single return tax brackets as follows:

1987 Taxable Income

Joint	Marginal Tax Rate
$0 to $3,000	11%
$3,000 to $28,000	15%
$28,000 to $45,000	28%
$45,000 to $90,000	35%
Over $90,000	38.5%

Single	Marginal Tax Rate
$0 to $1,800	11%
$1,800 to $16,800	15%
$16,800 to $27,000	28%
$27,000 to $54,000	35%
Over $54,000	38.5%

After 1987, the joint and single return tax brackets are:

After 1987 Taxable Income

Joint	Marginal Tax Rate
$0 to $29,750	15%
Over $29,750	28%

Single	Marginal Tax Rate
$0 to $17,850	15%
Over $17,850	28%

After 1987, the benefit of the 15% tax bracket is phased out for taxpayers with higher incomes. A 5% surcharge is imposed on joint return taxable income between $71,900 and $149,250, and on single return taxable income between $43,150 and $89,560, thus producing an effective marginal tax rate of 33%. A higher income earner consequently pays at least a flat 28% tax rate.

In many instances it will be preferable to defer the receipt of income from your practice or professional corporation to take advantage of the lower rates in 1987 and beyond. Delaying sending bills to patients or third party insurers is one way to defer income. Holding off bonuses from a professional corporation is another possibility. It is best to calculate the actual tax effect of any such deferral of income since a physician might actually pay more tax next year, depending on the Act's effect on deductions or exclusions claimed on the physician's return.

Standard deduction. In 1987, the Act provides (for those who do not itemize deductions) a standard deduction of $3,760 for joint filers, rising to $5,000 in 1988. Single filers will have a standard deduction in 1987 of $2,540, rising to $3,000 in 1988. The standard deduction amounts will be indexed for inflation beginning in 1989.

Personal exemptions. The personal exemption for taxpayers and their dependents increases from the 1986 level of $1,080 to $1,900 in 1987, $1,950 in 1988, and $2,000 in 1989. After 1989, the $2,000 personal exemption will be indexed for inflation.

The personal exemption is also phased out for higher income taxpayers by extending the 5% surcharge on taxable income above $149,250 for joint filers ($89,560 for single filers).

The Act also disallows the personal exemption of an individual who can be claimed as a dependent on another taxpayer's return. This would prevent a dependent child who is eligible to be claimed on the parent's return from claiming a separate personal exemption on his or her own return.

Income averaging and two-earner deduction. Both the two-earner deduction and income averaging are repealed for taxable years beginning after 1986. Because of the restructured tax brackets and the broader tax base, Congress decided that there was little or no need for either of these two special provisions. However, some higher income families will have a marriage penalty (i.e., the "penalty" resulting from individuals being pushed into higher tax brackets because they became married during the year).

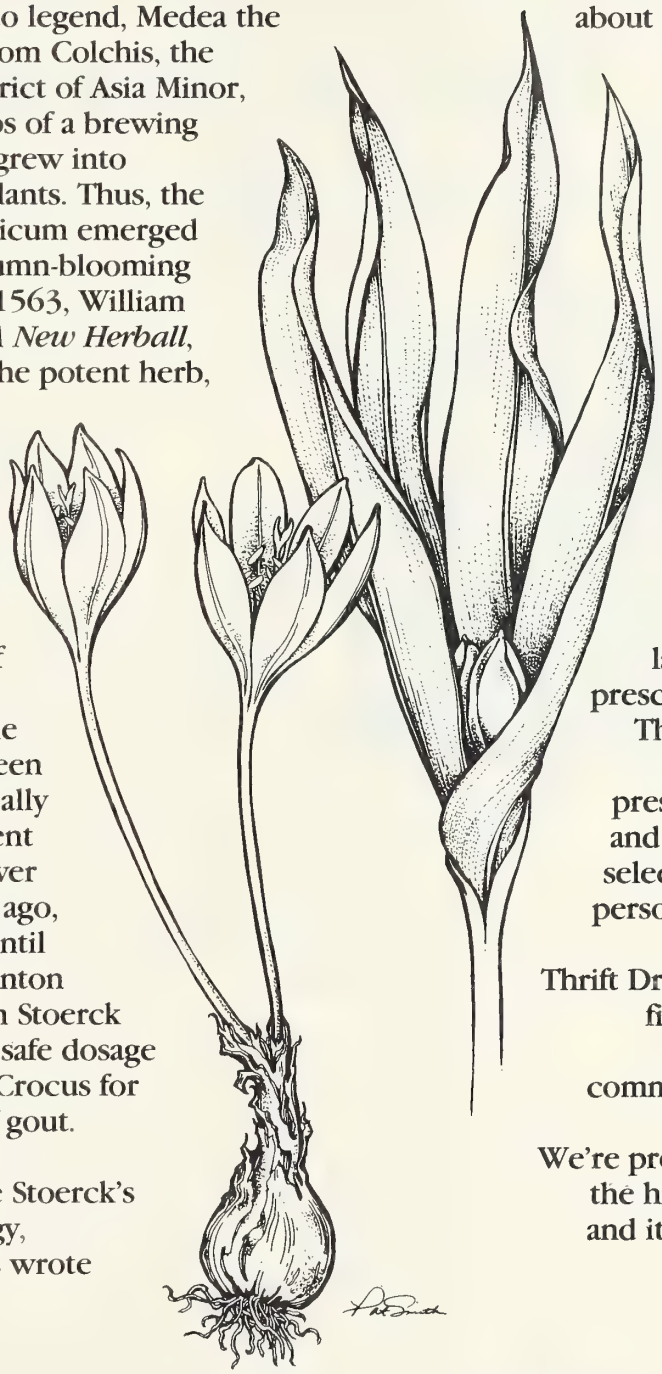
Capital gains. Individuals currently pay a maximum of 20% on long-term capital gains. After 1986, capital gains

The principal authors are Mark E. Kropiewnicki, JD, LLM, and Geoffrey T. Anders, JD, CPA, CPBC. Both are attorneys and consultants with the Health Care Group, which is located in Bala Cynwyd.

Colchicum
Autumn Crocus

According to legend, Medea the sorceress from Colchis, the ancient district of Asia Minor, spilled drops of a brewing liquor that grew into flowering plants. Thus, the name colchicum emerged for this autumn-blooming species. In 1563, William Turner, in *A New Herball*, warned of the potent herb, "much of it is stercke poyson, and will strongell a man and kill him in the space of one day." Although the plant had been used erratically by the ancient Egyptians over 4,000 years ago, it was not until 1763 that Anton Freiherr von Stoerck extracted a safe dosage of Autumn Crocus for the relief of gout.

Long before Stoerck's methodology, Dioscorides wrote about the use of Autumn Crocus for cancer. Today, a product related to Colchicine, an alkaloid from this plant, is used to treat chronic granulocytic leukemia. And Thrift pharmacists still fill prescriptions for Colchicine, for relief for flair-ups of gout.



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will be taxed at the same rate as other income (in 1987 when the top rate is 38.5%, the maximum capital gains tax rate will be 28%). This effective tax increase for capital gains transactions raises some concern that investment in capital assets will fall. If that concern proves correct, reduction in capital gains taxation might be expected.

Planning for 1986 frequently will call for taking capital gains to benefit from this year's lower tax on capital gains. Thus, if a doctor is planning to sell his or her practice (or stock in a professional corporation), and has the choice of selling in December, 1986, or early 1987, it would make sense to move the sale into 1986. Keep in mind that accelerating capital gains into 1986 is contrary to usual tax advice to defer income to later tax years; nonetheless, accelerating capital gains into 1986 could be a wise move in the right circumstances.

Similarly, if a doctor owns stock or another investment where there is a large potential gain, consideration should be given to recognizing the gain in 1986. And if the doctor wants to continue to own the stock or investment, he or she could nonetheless turn around and repurchase it (the so-called "wash sale" rules do not apply to transactions realizing gains).

Under the Act, long-term capital losses in excess of capital gains are allowed to fully offset $3,000 of other income (a benefit over present law which requires two dollars of such loss to offset one dollar of other income). Any excess capital losses not able to be used in one year can be carried forward.

Exclusions from income

Dividend exclusion. The present $100 exclusion ($200 if married and filing jointly) for qualifying dividends is repealed for 1987.

Employee gifts and awards. Effective for taxable years beginning after 1986, an employee may exclude from income (and the employer deduct) $400 ($1,600 if under a qualified plan) for gifts of tangible personal property awarded to employees for length of service or safety achievements—but only if awarded as part of a "meaningful presentation" and under circumstances that indicate that the award is not disguised compensation. This new provision would make it unlikely that the physician-shareholders of a professional corporation would be able to qualify on a regular basis for this special exclusion.

Tax-exempt bond interest. Interest on bonds issued by state and local governments will remain tax-exempt if the bonds are used for public purposes although there will be restriction on bonds used for so-called "private activity." Clearly, tax-exempt bonds will be less attractive with a top 28% (or 33%) tax rate, as opposed to the current 50% maximum marginal tax rate.

At the 50% tax bracket, a 7% tax-exempt bond yields the same as a 14% taxable obligation after-tax. At the 33% marginal tax rate, a taxable investment need only yield 10.45% to equal a 7% tax-exempt bond. At the 28% marginal tax bracket, an investment need yield only about 9.72%. However, when compared to the current yields on money market funds and certificates of deposit, tax-exempt bonds should still be attractive investment vehicles.

Itemized and other deductions

State and local sales taxes. After 1986, state and local sales taxes will no longer be deductible as itemized deductions. There is no sense waiting until 1987 to make planned purchases of major items where a sales tax will be due.

Sales tax on items used partly for business (e.g., automobiles), would be partially deductible over time to the extent of the business use. However, the deduction would be subject to a new 2% floor on deductibility, as discussed later.

In addition, sales taxes paid by a practice for equipment and other depreciable assets, would not be immediately deductible but would instead be added to the cost basis of the property and depreciated over time.

Medical expenses and health insurance. Medical expenses will only be deductible as itemized deductions to the extent that they exceed 7.5% (up from the current 5%) of the taxpayer's adjusted gross income. Depending on the circumstances, it might benefit the doctor to accelerate the payment of medical expenses into 1986 if they would exceed 5% for 1986 but not 7.5% for 1987. Incorporated physicians with medical expense reimbursement plans should consider paying these expenses personally in 1986 but postponing reimbursement until 1987. It would also be a good marketing idea for the doctor to mention this change to patients so they could plan for possible acceleration of medical expense deductions into 1986.

Self-employed doctors will be able to deduct 25% of amounts paid for health insurance if provided pursuant to a nondiscriminatory health insurance program which includes the practice's employees. This new deduction is allowed only for taxable years beginning in 1987, 1988, and 1989 but not thereafter.

Individual Retirement Accounts. Doctors covered by a retirement plan will not be able to deduct contributions to an IRA if they have more than $50,000 of adjusted gross income ($35,000 for single filers). Similarly, a physician's spouse may not contribute on a tax deductible basis if the physician cannot.

A doctor *can* make *nondeductible* IRA contributions, the earnings on which would not be taxable until withdrawn. Also, gold or silver coins issued by the United States may be purchased by IRAs after 1986.

To establish clearly the right to an IRA deduction for 1986, it is suggested that contributions actually be made before December 31.

Employee business expenses, investment expenses, and other miscellaneous itemized deductions. Under the Act, unreimbursed employee business expenses and moving expenses are to be allowed only as miscellaneous itemized deductions. Thus, if itemized deductions do not exceed the standard deduction, moving expenses and unreimbursed employee business expenses would be lost as deductions. Prior to this change these items were deductible regardless of whether or not the doctor itemized deductions.

Furthermore, most miscellaneous itemized deductions will (moving expenses would not) be subject to a new 2% floor—that is, deductible only to the extent the total of the miscellaneous itemized deductions exceeds 2% of adjusted gross income.

Examples of miscellaneous itemized deductions which will be subject to the 2% floor are: unreimbursed employee business expenses (including professional dues, journals, education expenses, malpractice premiums, and the like, paid personally by an employee); home office expenses of an employee; investment advice and expenses; tax return preparations fees and tax advice; and safe deposit box rental.

Physicians employed by their professional corporation can overcome the 2% floor requirement by having their professional corporation pay expenses re-

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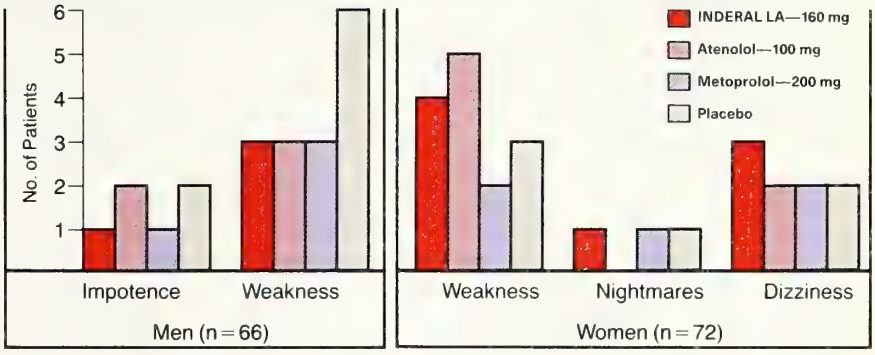

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ONCE-DAILY LONG ACTING CAPSULES 80/50 120/50 160/50

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Each capsule contains propranolol HCl (INDERAL® LA), 80 mg, 120 mg, or 160 mg, and hydrochlorothiazide, 50 mg

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INDERIDE® LA Brand of PROPRANOLOL HYDROCHLORIDE (INDERAL® LA) and HYDROCHLOROTHIAZIDE **(Long Acting Capsules)**

INDERAL LA and INDERIDE LA Capsules should not be considered simple mg-for-mg substitutes for INDERAL and INDERIDE Tablets. Please see package circulars.

CONTRAINDICATIONS

Propranolol hydrochloride (INDERAL® LA): Propranolol is contraindicated in 1) cardiogenic shock; 2) sinus bradycardia and greater than first degree block; 3) bronchial asthma; 4) congestive heart failure (see WARNINGS) unless the failure is secondary to a tachyarrhythmia treatable with propranolol.

Hydrochlorothiazide: Hydrochlorothiazide is contraindicated in patients with anuria or hypersensitivity to this or other sulfonamide-derived drugs.

WARNINGS

Propranolol hydrochloride (INDERAL® LA): CARDIAC FAILURE: Sympathetic stimulation may be a vital component supporting circulatory function in patients with congestive heart failure, and its inhibition by beta blockade may precipitate more severe failure. Although beta blockers should be avoided in overt congestive heart failure, if necessary, they can be used with close follow-up in patients with a history of failure who are well compensated, and are receiving digitalis and diuretics. Beta-adrenergic blocking agents do not abolish the inotropic action of digitalis on heart muscle.

IN PATIENTS WITHOUT A HISTORY OF HEART FAILURE, continued use of beta blockers can, in some cases, lead to cardiac failure. Therefore, at the first sign or symptom of heart failure, the patient should be digitalized and/or treated with diuretics, and the response observed closely, or propranolol should be discontinued (gradually, if possible).

IN PATIENTS WITH ANGINA PECTORIS, there have been reports of exacerbation of angina and, in some cases, myocardial infarction following *abrupt* discontinuance of propranolol therapy. Therefore, when discontinuance of propranolol is planned the dosage should be gradually reduced and the patient carefully monitored. In addition, when propranolol is prescribed for angina pectoris, the patient should be cautioned against interruption or cessation of therapy without the physician's advice. If propranolol therapy is interrupted and exacerbation of angina occurs, it usually is advisable to reinstitute propranolol therapy and take other measures appropriate for the management of unstable angina pectoris. Since coronary artery disease may be unrecognized, it may be prudent to follow the above advice in patients considered at risk of having occult atherosclerotic heart disease who are given propranolol for other indications.

THYROTOXICOSIS: Beta blockade may mask certain clinical signs of hyperthyroidism. Therefore, abrupt withdrawal of propranolol may be followed by an exacerbation of symptoms of hyperthyroidism, including thyroid storm. Propranolol does not distort thyroid function tests.

IN PATIENTS WITH WOLFF-PARKINSON-WHITE SYNDROME, several cases have been reported in which, after propranolol, the tachycardia was replaced by a severe bradycardia requiring a demand pacemaker. In one case this resulted after an initial dose of 5 mg propranolol.

MAJOR SURGERY: The necessity or desirability of withdrawal of beta-blocking therapy prior to major surgery is controversial. It should be noted, however, that the impaired ability of the heart to respond to reflex adrenergic stimuli may augment the risks of general anesthesia and surgical procedures.

Nonallergic Bronchospasm (eg, chronic bronchitis, emphysema)—PATIENTS WITH BRONCHOSPASTIC DISEASES SHOULD, IN GENERAL, NOT RECEIVE BETA BLOCKERS. INDERAL should be administered with caution, since it may block bronchodilation produced by endogenous and exogenous catecholamine stimulation of beta receptors.

DIABETES AND HYPOGLYCEMIA: Beta-adrenergic blockade may prevent the appearance of certain premonitory signs and symptoms (pulse rate and pressure changes) of acute hypoglycemia in labile insulin-dependent diabetes. In these patients, it may be more difficult to adjust the dosage of insulin. Hypoglycemic attacks may be accompanied by a precipitous elevation of blood pressure.

Hydrochlorothiazide: Thiazides should be used with caution in severe renal disease. In patients with renal disease, thiazides may precipitate azotemia. In patients with impaired renal function, cumulative effects of the drug may develop.

Thiazides should also be used with caution in patients with impaired hepatic function or progressive liver disease, since minor alterations of fluid and electrolyte balance may precipitate hepatic coma.

Thiazides may add to or potentiate the action of other antihypertensive drugs. Potentiation occurs with ganglionic or peripheral adrenergic-blocking drugs.

Sensitivity reactions may occur in patients with a history of allergy or bronchial asthma.

The possibility of exacerbation or activation of systemic lupus erythematosus has been reported.

PRECAUTIONS

Propranolol hydrochloride (INDERAL® LA): GENERAL: Propranolol should be used with caution in patients with impaired hepatic or renal function. Propranolol is not indicated for the treatment of hypertensive emergencies.

Beta-adrenoreceptor blockade can cause reduction of intraocular pressure. Patients should be told that propranolol may interfere with the glaucoma screening test. Withdrawal may lead to a return of increased intraocular pressure.

CLINICAL LABORATORY TESTS: Elevated blood urea levels in patients with severe heart disease, elevated serum transaminase, alkaline phosphatase, lactate dehydrogenase.

DRUG INTERACTIONS: Patients receiving catecholamine-depleting drugs, such as reserpine, should be closely observed if propranolol is administered. The added catecholamine-blocking action may produce an excessive reduction of resting sympathetic nervous activity, which may result in hypotension, marked bradycardia, vertigo, syncopal attacks, or orthostatic hypotension.

CARCINOGENESIS, MUTAGENESIS, IMPAIRMENT OF FERTILITY: Long-term studies in animals have been conducted to evaluate toxic effects and carcinogenic potential. In 18-month studies, in both rats and mice, employing doses up to 150 mg/kg/day, there was no evidence of significant drug-induced toxicity. There were no drug-related tumorigenic effects at any of the dosage levels. Reproductive studies in animals did not show any impairment of fertility that was attributable to the drug.

PREGNANCY: Pregnancy Category C. Propranolol has been shown to be embryotoxic in animal studies at doses about 10 times greater than the maximal recommended human dose. There are no adequate and well-controlled studies in pregnant women. Propranolol should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

NURSING MOTHERS: Propranolol is excreted in human milk. Caution should be exercised when propranolol is administered to a nursing mother.

PEDIATRIC USE: Safety and effectiveness in children have not been established.

Hydrochlorothiazide: GENERAL: Periodic determination of serum electrolytes to detect possible electrolyte imbalance should be performed at appropriate intervals.

All patients receiving thiazide therapy should be observed for clinical signs of fluid or electrolyte imbalance, namely: Hyponatremia, hypochloremic alkalosis, and hypokalemia. Serum and urine electrolyte determinations are particularly important when the patient is vomiting excessively or receiving parenteral fluids. Medication such as digitalis may also influence serum electrolytes. Warning signs irrespective of cause are: Dryness of mouth, thirst, weakness, lethargy, drowsiness, restlessness, muscle pains or cramps, muscular fatigue, hypotension, oliguria, tachycardia, and gastrointestinal disturbances such as nausea and vomiting.

Hypokalemia may develop, especially with brisk diuresis, when severe cirrhosis is present, or during concomitant use of corticosteroids or ACTH.

Interference with adequate oral electrolyte intake will also contribute to hypokalemia. Hypokalemia can sensitize or exaggerate the response of the heart to the toxic effect of digitalis (eg, increased ventricular irritability). Hypokalemia may be avoided or treated by use of potassium supplements, such as foods with a high potassium content.

Any chloride deficit is generally mild and usually does not require specific treatment, except under extraordinary circumstances (as in liver or renal disease). Dilutional hyponatremia may occur in edematous patients in hot weather; appropriate therapy is water restriction, rather than administration of salt, except in rare instances when the hyponatremia is life-threatening. In actual salt depletion, appropriate replacement is the therapy of choice.

Hyperuricemia may occur or frank gout may be precipitated in certain patients receiving thiazide therapy.

Insulin requirements in diabetic patients may be increased, decreased, or unchanged. Diabetes mellitus which has been latent may become manifest during thiazide administration.

If progressive renal impairment becomes evident, consider withholding or discontinuing diuretic therapy.

Thiazides may decrease serum PBI levels without signs of thyroid disturbance.

Calcium excretion is decreased by thiazides. Pathologic changes in the parathyroid gland with hypercalcemia and hypophosphatemia have been observed in a few patients on prolonged thiazide therapy. The common complications of hyperparathyroidism, such as renal lithiasis, bone resorption, and peptic ulceration, have not been seen. Thiazides should be discontinued before carrying out tests for parathyroid function.

DRUG INTERACTIONS: Thiazide drugs may increase the responsiveness to tubocurarine.

The antihypertensive effects of thiazides may be enhanced in the postsympathectomy patient. Thiazides may decrease arterial responsiveness to norepinephrine. This diminution is not sufficient to preclude effectiveness of the pressor agent for therapeutic use.

PREGNANCY: Pregnancy Category C. Thiazides cross the placental barrier and appear in cord blood. The use of thiazides in pregnancy requires that the anticipated benefit be weighed against possible hazards to the fetus. These hazards include fetal or neonatal jaundice, thrombocytopenia, and possibly other adverse reactions which have occurred in the adult.

NURSING MOTHERS: Thiazides appear in human milk. If use of the drug is deemed essential, the patient should stop nursing.

PEDIATRIC USE: Safety and effectiveness in children have not been established.

ADVERSE REACTIONS

Propranolol hydrochloride (INDERAL® LA): Most adverse effects have been mild and transient and have rarely required the withdrawal of therapy.

Cardiovascular: Bradycardia; congestive heart failure; intensification of AV block; hypotension, paresthesia of hands; thrombocytopenic purpura, arterial insufficiency, usually of the Raynaud type.

Central Nervous System: Lightheadedness; mental depression manifested by insomnia, lassitude, weakness, fatigue; reversible mental depression progressing to catatonia; visual disturbances, hallucinations; an acute reversible syndrome characterized by disorientation for time and place; short-term memory loss; emotional lability; slightly clouded sensorium; and decreased performance on neuropsychometrics.

Gastrointestinal: Nausea, vomiting, epigastric distress, abdominal cramping, diarrhea, constipation; mesenteric arterial thrombosis; ischemic colitis.

Allergic: Pharyngitis and agranulocytosis; erythematous rash; fever combined with aching and sore throat, laryngospasm and respiratory distress.

Respiratory: Bronchospasm.

Hematologic: Agranulocytosis; nonthrombocytopenic purpura, thrombocytopenic purpura.

Auto-Immune: In extremely rare instances, systemic lupus erythematosus has been reported.

Miscellaneous: Alopecia; LE-like reactions; psoriasiform rashes; dry eyes; male impotence; and Peyronie's disease have been reported rarely. Oculomucocutaneous reactions involving the skin, serous membranes, and conjunctivae reported for a beta blocker (practolol) have not been associated with propranolol.

Hydrochlorothiazide:

Gastrointestinal: Anorexia; gastric irritation, nausea, vomiting, cramping, diarrhea, constipation; jaundice (intrahepatic cholestatic jaundice); pancreatitis; sialadenitis.

Central Nervous System: Dizziness, vertigo; paresthesias; headache; xanthopsia.

Hematologic: Leukopenia; agranulocytosis; thrombocytopenia; aplastic anemia.

Cardiovascular: Orthostatic hypotension (may be aggravated by alcohol, barbiturates, or narcotics).

Hypersensitivity: Purpura; photosensitivity; rash; urticaria; necrotizing angiitis (vasculitis, cutaneous vasculitis); fever; respiratory distress, including pneumonitis; anaphylactic reactions.

Other: Hyperglycemia; glycosuria; hyperuricemia; muscle spasm; weakness; restlessness; transient blurred vision.

Whenever adverse reactions are moderate or severe, thiazide dosage should be reduced or therapy withdrawn.

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REFERENCE:

1. Ravid M, Lang R, Jutrin I: The relative antihypertensive potency of propranolol, oxprenolol, atenolol, and metoprolol given once daily. *Arch Intern Med* 1985;145:1321–1323.

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lated to the physician's employment such as business publications, professional society dues, malpractice insurance, etc. Similarly, unreimbursed business use by a physician of a personally owned automobile could be handled, apparently, by either reimbursing the physician for business use of the automobile or by having the corporation provide the physician with an automobile. This latter solution has its own set of problems relating to record-keeping and the taxability of personal use of an automobile provided by the corporation.

Home office leases. Physicians should have little reason to lease a portion of their home to their professional corporation in order to claim home office expenses after 1986. Among other things, the Act essentially allows deductions only for items which are otherwise deductible (such as real property taxes and home mortgage interest) where an employee rents a portion of his or her home to an employer. The intent here is to prevent the employee from deducting depreciation and other costs associated with the business use of his or her home. Similar rules apply to an independent contractor who leases from the person or entity for whom services are provided.

Limitations on deductions for meals, travel, and entertainment. Generally only 80% of meal and entertainment expenses (including meal costs while away from home on business) will be deductible. Where a doctor is reimbursed for the expenditures by his or her professional corporation, for example, the 80% limit is applied to the corporation. Generally, corporate reimbursement of these expenses should be preferable in 1987 and thereafter.

The Act also imposes stricter substantiation requirements for the deductibility of business meals.

After 1986, travel or other costs of attending a convention, seminar, or similar meeting relating to investments, financial planning, and the like, are not deductible.

Mortgage interest. Deductions for mortgage interest for up to two residences are permitted. However, mortgage interest is deductible only to the lesser of (1) the original cost of the home, plus improvements, plus indebtedness incurred for certain educational or medical expenses or (2) the fair market value of the property. Thus, for example, assume a physician's house originally cost $80,000, has $20,000 worth of improvements to it, has an outstanding mortgage of $30,000, and is now worth $150,000. The interest on the old $30,000 mortgage would be deductible as would be interest on additional mortgage financing of up to $70,000 (deductible interest on a total mortgage loans of $100,000—calculated as the original cost of $80,000 plus improvements of $20,000, which is less than the fair market value). Additionally, interest on financing up to the fair market value would be deductible if the proceeds were used for home improvements, educational, or medical expenses.

Interest on mortgage debt on up to two residences incurred prior to August 17, 1986, will be deductible in full without regard to the above limitations.

Retirement plan loan interest. Effective as to retirement plan loans made, renegotiated, extended, renewed, or revised after December 31, 1986, no deduction is allowed for interest paid on any such loan to most physician-employees of professional corporations, even if the interest on such loan would otherwise be deductible under the general interest provisions of the Act. Physicians should therefore consider restructuring or taking retirement plan loans before December 31 to best take advantage of the revised interest deduction rules. Other provisions affecting plan loans will be discussed further next month.

Other loan interest. Deductions for interest on personal or so-called consumer loans (car loans, credit cards, student loans, etc.) will be increasingly limited from 1987 to 1991, when the deduction is completely phased out. Starting in 1987, only 65% of consumer interest will be deductible; 40% will be deductible in 1988; 20% in 1989; 10% in 1990; and nothing in 1991 and thereafter.

Investment interest expense (e.g., interest on debt to purchase investments) will be deductible only to the extent of investment income, with the phase-in of the new rule from 1987 through 1990. Interest related to a practice business will be fully deductible.

It is important to understand that the deductibility of interest will very much depend upon the category—mortgage, retirement plan, consumer, investment, or business—into which the interest expense falls. As a general matter, borrowing on a mortgage against one's principal and/or second residence will essentially make it possible to deduct personal interest or investment interest regardless of the other limitations. Thus, for example, a purchase of an automobile, boat, investment, etc., can be financed by borrowing against the physician's residence, thereby making the interest expense fully deductible.

"Passive" losses. What's a "passive" loss? A simple example is the tax loss from a "tax shelter." More precisely, a passive loss is a tax loss generally from a trade, business, or activity where the physician does not "materially participate," that is, where the physician is not involved with the activity on a regular, continuous, and substantial basis.

Generally, rental of real or personal property is treated as passive activity regardless of whether the physician "materially participates," and limited partnership interests are conclusively presumed to involve a passive activity.

Losses and credits from passive activities are deductible only against income from the same or other passive activity. Thus, a taxpayer cannot use losses from passive activities to offset income from other sources such as salary, investment income, or income from activities in which the taxpayer materially participates. Passive losses may be carried forward indefinitely to offset passive income in subsequent years. In addition, upon a taxable disposition (e.g. sale) of the entire interest in a passive activity, the passive losses carried over from the activity can be deducted.

Tax credits generated by passive activities are handled in much the same way as are losses. They can only be used to offset the tax applicable to the same or other passive activities.

The passive loss limitations apply to individuals and professional corporations. Consequently, a physician could not have his or her professional corporation enter into passive activities with the idea of generating losses and credits to offset the doctor's income earned from personal services in the corporation.

A special exception is provided for rental real estate investors owning at least 10% of the value of the real estate. A physician will be able to deduct up to $25,000 of losses on rental real estate if he or she "actively participates" (as opposed to "materially participates") and has adjusted gross income less than

$100,000. For every $2 of adjusted income in excess of $100,000, the $25,000 allowance is reduced by $1 so that the special allowance is fully phased out when adjusted gross income reaches $150,000.

It would appear that a physician will be considered to actively participate in rental real estate situations if he or she participates in making management decisions or arranging for others to provide services such as repairs. A doctor's participation in such decisions as approving tenants, determining rental terms, approving repairs and capital improvements would seem to constitute active participation.

Another exception to the passive loss limitation rule is made for a working interest in an oil or gas well. Given the risky nature of such activity, Congress apparently felt that losses on such working interests were to receive favorable tax treatment.

The new passive loss limitation rule applies to all losses incurred after 1986. There is no "grandfathering" for activities entered into prior to the effective date. However, for passive activities entered into prior to the date of enactment of the Act (or acquired pursuant to a contract to purchase that was binding on the date of enactment), there is a phase-in rule which allows 65% of the passive losses and credits to be allowed against non-passive income in 1987. In 1988, the percentage allowed is 40%; in 1989, 20%; in 1990, 10%; and after 1990, no portion is allowed against non-passive income. Disallowed passive losses during the phase-in period can be carried forward to succeeding years, although they can then only be used to offset passive income during succeeding years and cannot be further deducted under the phase-in rule.

Although physicians presently owning interests in limited partnership tax shelters will still be able to deduct a portion of losses generated after 1986, physicians should consider purchasing properly structured real estate (or perhaps other) limited partnership interests in order to produce passive activity income to offset the otherwise disallowed portion of their passive activity losses and/or credits. In this way, to the extent of the otherwise disallowed passive losses and credits, the passive activity income generated by such real estate limited partnerships can be earned essentially tax-free.

Minimum tax. The alternative minimum tax involves a separate tax calculation generally designed to cause high income earners who make extensive use of tax loopholes to pay at least some minimum amount of tax. The Act strengthens the present minimum tax by increasing the rate to 21% and by broadening the base against which it applies. A physician will pay the higher of the minimum tax or the regular tax.

It appears that the minimum tax will be of increased importance after 1986. For physicians making use of tax preferences then available, it will be necessary to pay close attention to the potential impact of the minimum tax as many well-sheltered physicians do today. Calculations of tax effects of both the regular tax and the alternative minimum tax will be quite desirable.

Estimated tax payment. The individual estimated tax payment requirement for taxable years beginning after 1986 is increased to 90% of the current year's tax liability (up from the present 80% requirement). As also currently allowed, the alternative is to pay estimated taxes equal to 100% of the preceding year's liability.

Investment tax credit. The investment tax credit is generally denied for property placed in service after December 31, 1985. Some professional corporation returns have already been filed taking the investment tax credit on property placed in service after December 31, 1985. It would be appropriate for the corporation to file amended returns for any such situation.

In addition, any carry-over of the investment tax credit will be reduced after 1986. Normally, individual physicians do not have a carry-over of investment tax credit, however, their professional corporations sometimes do. If possible, physicians might want to use up (by accumulating some income in the corporation) any carry-over of investment credits in their professional corporation prior to 1987 to avoid the scheduled reductions.

Income shifting, children, and trusts

Income shifting. The Act curtails a parent's ability to shift income from the parent's higher income bracket to a child's lower income tax bracket. Even actually transferring assets to a child under age 14 will no longer suffice to shift income to the child. Generally, the "net unearned income" (dividends, interest, etc.) of a child under age 14 in excess of $1,000 will be taxed at the parent's top tax rate. For children age 14 and older, outright gifts of property (even from a parent) will cause any income generated from the property to be taxed at the child's tax bracket.

There is no "grandfathering" provision so it is irrelevant that assets were transferred to a child prior to the date of enactment or even that assets came from other than the parent!

Trusts. Income from transfers into "Clifford" or "spousal remainder" trusts after March 1, 1986 (i.e., where the property will revert either to the grantor or his or her spouse) will be taxed at the grantor's tax rate if, at the inception of the trust, the reversionary interest exceeds 5% of the value of such trust. Consequently, such trusts set up by a parent will be ineffective to shift income to children of any age.

For children under age 14, parents can avoid being taxed on their children's income by purchasing United States Savings Bonds for them. The interest on such bonds is not taxed until they are cashed. Thus, if a child holds the bond until age 14, the new rules will not apply and the income will be taxed to the child. Tax-exempt bonds, with their tax-free income, are another possibility.

Miscellaneous

The Act also contains provisions relating to installment sales, exclusion of scholarships and fellowships, charitable contributions of appreciated property, casualty and theft losses, "hobby" losses, "at risk" rules for real property, taxpayer compliance, and tax administration, among other things that may be important to some physicians. Physicians whose tax situation might involve any of these areas are advised to seek professional tax advice.

Conclusion

Giving general advice, as we have here, about tax planning for 1986 and beyond, especially when all the nuances of the Act are not yet fully understood, is risky business. For example, simply deferring income until next year to take advantage of a seemingly lower marginal tax rate may not make sense if the physician loses substantial tax breaks next year. Every situation requires analysis before decisions are made. More than ever, expert professional tax advice is imperative. □

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obituaries

•Denotes PMS membership at death.

• **Ralph P. Beatty,** Mt. Lebanon; University of Pittsburgh School of Medicine, 1923; age 90, died August 29, 1986. Dr. Beatty was a urologist in the Uniontown and Avalon areas for 44 years.

• **Jacob M. Benson,** Elkins Park; Temple University School of Medicine, 1941; age 70, died August 27, 1986. Dr. Benson was a surgeon and attending proctologist at the Northern Division of Albert Einstein Medical Center, Philadelphia.

• **Leon D. Blumberg,** Huntingdon Valley; Jefferson Medical College, 1938; age 73, died July 24, 1986. Dr. Blumberg was a general practitioner in Elkins Park for 45 years.

• **William J. Daw,** St. Petersburg, Florida; University of Pennsylvania School of Medicine, 1928; age 86, died August 24, 1986. Dr. Daw, a urologist, practiced in the Wilkes-Barre area and was a member of the medical staff at Wilkes-Barre General Hospital.

• **Charles W. Griffiths,** Bedford; George Washington University School of Medicine, 1962; age 49, died August 5, 1986. Dr. Griffiths was chief of surgery at Memorial Hospital of Bedford County.

• **Richard E. Haber,** Pittsburgh; University of Pennsylvania School of Medicine, 1937; age 74, died September 1, 1986. Dr. Haber, an internist, spent almost 50 years on the medical staff of Western Pennsylvania Hospital.

• **Anthony F. Kaminsky,** Erie; Saint Louis University School of Medicine, 1937; age 73, died September 3, 1986. Dr. Kaminsky was a urologist.

• **John M. Lawlor,** Gwynedd; Jefferson Medical College, 1939; age 74, died August 31, 1986. Dr. Lawlor served as chief surgeon for the Philadelphia Police and Fire Departments from 1971 until his death.

• **William M. McFadden,** Germantown; University of Pennsylvania School of Medicine, 1931; age 80, died August 26, 1986. Dr. McFadden was chairman emeritus of Germantown Hospital's department of pediatrics.

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• **Joseph Nussbaum,** Wyncote; earned his medical degree in Germany, 1937; age 73, died August 9, 1986. Dr. Nussbaum specialized in nuclear medicine.

• **Edward L. Teed,** Erie; Saint Louis University School of Medicine, 1966; age 48, died August 20, 1986. Dr. Teed was an ophthalmologist.

• **George Ray Vilsack,** Pittsburgh; University of Pennsylvania School of Medicine, 1939; age 73, died August 20, 1986. Dr. Vilsac, a cardiologist, practiced in Pittsburgh for over 40 years.

• **Knighton V. Waite,** Pittsburgh; University of Pittsburgh School of Medicine, 1938; age 75, died August 2, 1986. Dr. Waite was a general practitioner.

Joseph M. Hughes, Haverford; University of Pennsylvania School of Medicine, 1929; age 81, died June 23, 1986. Dr. Hughes was former director of laboratories at the Institute of Pennsylvania Hospital.

Robert M. Laughlin, Hilton Head, South Carolina; Cornell University Medical College, 1938; age 73, died July 20, 1986. Dr. Laughlin, an internist, practiced in the Pittsburgh area for over 40 years, and was an assistant professor at the University of Pittsburgh School of Medicine.

Peter H. Lebischak, Chester; Hahnemann University School of Medicine, 1947; age 66, died August 9, 1986. Dr. Lebischak was a general practitioner.

Thomas J. E. O'Neill, Lumberville; Ohio State University College of Medicine, 1940; age 70, died July 31, 1986. While he was an instructor in thoracic surgery at Hahnemann University, Dr. O'Neill performed the first surgery inside the human heart.

Norbert J. Schulz, Merion Station; University of Wisconsin Medical School; age 72, died June 20, 1986. Dr. Schulz was former director of surgery at Delaware County Memorial Hospital.

Leonard R. Simoncelli, Huntingdon Valley; Jefferson Medical College, 1946; age 71, died June 11, 1986. Dr. Simoncelli was a former staff internist at All Saints Hospital, Chestnut Hill.

Clarence M. Straessley, Pittsburgh; University of Pittsburgh School of Medicine, 1912; age 95, died June 24, 1986. Dr. Straessley was a general practitioner.

advertisers' index

Advanced Billing Concepts 3
Alexander Agency 45
Alfa Romeo 29
American Society of Internal Medicine . . . 48
Ayerst Laboratories 35-38
Bertholon Rowland Agencies 43
BMW of North America 9
Brown Pharmaceuticals 57, 61
Campbell Laboratories 59
Casualty Reciprocal Exchange 53
Dorland's Medical Directory 11
Elcomp Systems 41
Eli Lilly Company 63
Health Care Personnel 67
Geisinger Medical Center 52
John Downing Associates 65, 66
KePRO 65
Keystone Technologies 51
Knoll Pharmaceuticals 15, 16
Magazine Subscription Agency 21
Marion Laboratories 25, 26
Medical Office Buildings 49
Medical Personnel Pool 2
Medical Protective Company 55
Meridian Asset Management 7
Partners National Health Plan 4, 5
PEMS Corporation 2
Philadelphia Heart Institute 47
PMS Impaired Physician Committee 46
PMS Council on Medical Practice 59
PMS Liability Insurance Company 23
Professional Practice Management 17
Robert Donnell Productions 27
Roche Pharmaceuticals . . . . . 1, 2, covers 2, 3, 4
Safeguard Business Systems 27
Ster-O-Lizer Corp. 19
Stuart Pharmaceuticals 67
Thrift Drug 33
Trauma Services Group 66
UMD—NJ 27
Upjohn Company 13
U.S. Air Force 64
Western Pennsylvania Hospital 31, 57
Westmoreland Hospital 67

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special feature

The pursuit of trivia

Naomi Bluestone, MD

It started, harmlessly enough, when the young man and his father concluded their dinner, and wandered off onto the subject of the Panama Canal. What was the name of that famous engineer . . . ? "Ferdinand de Lesseps," I called out triumphantly, only to be reminded by Randy's father that I was obviously as poor at geography as I was at engineering, and that the Suez Canal does not connect the Atlantic and Pacific. Undaunted, I tried for something with a "G." Gorgon? Gorgas? Oh, of course, (Dummy!) Goethals! I go across his bridge ten times a year.

Randy did not seem to connect, so I reached for my latest acquisition, a copy of a book entitled "Minute Biographies," by Nisenson and Parker (Grosset and Dunlap, 1931). This book, which devoted its 160 pages to brief biographies of the most interesting historical figures of the world, had been the mainstay of my childhood, providing a window to a world of culture that went far beyond my reading in public school. During one of her periodic outbursts of housecleaning, my mother had long since disposed of it, but recently I'd found a copy as tattered and worn as my own had been. I nostalgically brought it home where it belonged. It may have been a bit like buying someone's old teddy, but in this case, it paid off.

"Goethals," I announced, turning rapidly to page 73. ". . . He handled a force of 29,000 men, cutting through mountains and jungles to build the Panama Canal, and join together the Atlantic and Pacific Oceans!" On the facing page was Garibaldi. "Quick," I said to Randy. "Tell me everything you know about Garibaldi!" Covering the page with my hand to prevent cheating, for clearly we were into our own version of Trivial Pursuit, I awaited his response with the eagerness of a teacher expecting the best. "Nothing, really," was the reluctant, if honest, answer.

Randy's father, who has always considered himself a fountain of useless information, began his recall. "Garibaldi lived in New York for a while," he said. "He united Italy . . ." "Correct," said I, giving him an A for a memory which extended back flawlessly almost fifty years. "It says here that Garibaldi was once requested by the King of Naples not to invade. He immediately wrote back, asking for 'permission to disobey.' For many years he lived quietly as a candlemaker on Staten Island in New York." Randy's father flushed with pleasure. "Try some more," he encouraged.

"Josephine," I announced. "Did you know that she was partially black? I think mulatto. She came from . . . Malta? Some crazy place." Randy's father frowned in disagreement, but he was no match for my own fount of stored minutiae. "I was right!" I shortly crowed in exultation. ". . . Josephine was a Creole, born on the Island of Martinique off the coast of South America. . . . Her first husband was killed during the French Revolution and although she was in prison with him, ready to be beheaded, her friends saved her." Randy looked appropriately interested. But he still had not contributed to our parlor game.

My husband brought out the brandy, and I turned more pages.

"Andrew Jackson," I continued. "What about him? Who can tell me about Jackson?" This time Randy jumped right in, with both feet in his mouth. "Ol' Stonewall Jackson!" He was immediately put down shamelessly, derisively, but he managed to retain his self-respect by saying he'd been looking down at the facing page of the book, and merely reading aloud. His father, over 30 years out of college, came again to the rescue. He remembered Andrew Jackson was the earliest president of the common people, the first rough and ragged leader of his country. ("I heard he slept in the White House with his dirty boots all over the white coverlets," I reported.) "And," continued Randy's dad, 'He was involved in a scandal over his wife." I had forgotten it but there it was: ". . . One of the high spots in Jackson's life was the pistol duel that he fought in defense of his wife's honor. . . . The encounter ended in the death of his opponent and stopped the malicious slander of his enemies."

It was about this time that I became acutely aware of Randy's silence. It was remarkable as he is not a passive person. On the contrary, he is usually quick with repartee and has the ability to drop a bad pun on a moment's notice. I'd always considered him the classic yuppie. We could describe him as a young man in his late twenties, personable, attractive, bright, much valued by his friends. He graduated a few years ago with a major in English from one of this country's finer small private colleges in the Northeast, and went immediately to work. Tiring at last of coolie wages, he re-entered graduate school in New York and will shortly complete a degree in one of the worldlier areas of study. A hard worker, a late-hour studier, a serious pursuer of the academic line of credit, he is what the world would consider an educated young man. I began to suspect that he was also an ignoramus.

I tried to repress this. I know I have a bias in favor of the liberal arts, which gets me into trouble with scientists who have never studied languages, and business majors but loosely exposed to the soft-core arts. But my suspicions pressed steadily towards consciousness as Randy continued to draw blanks or near misses on a number of the greatest warriors, presidents, explorers, and artists our Western civilization has ever known. Hannibal. Lord Nelson. Robert Peary. Marco Polo. All were gray shadows with no substance.

Randy did not redeem himself until we hit that good old stand-by, Nathan

---

Dr. Bluestone is in the private practice of psychiatry in Great Neck, New York. A freelance writer, she contributes frequently to PENNSYLVANIA MEDICINE. *Besides her medical degree from the Medical College of Pennsylvania, Dr. Bluestone has a master's degree in public health. She is the author of the book "So You Want to be a Doctor," and has written and published over 150 articles on various health care topics.*

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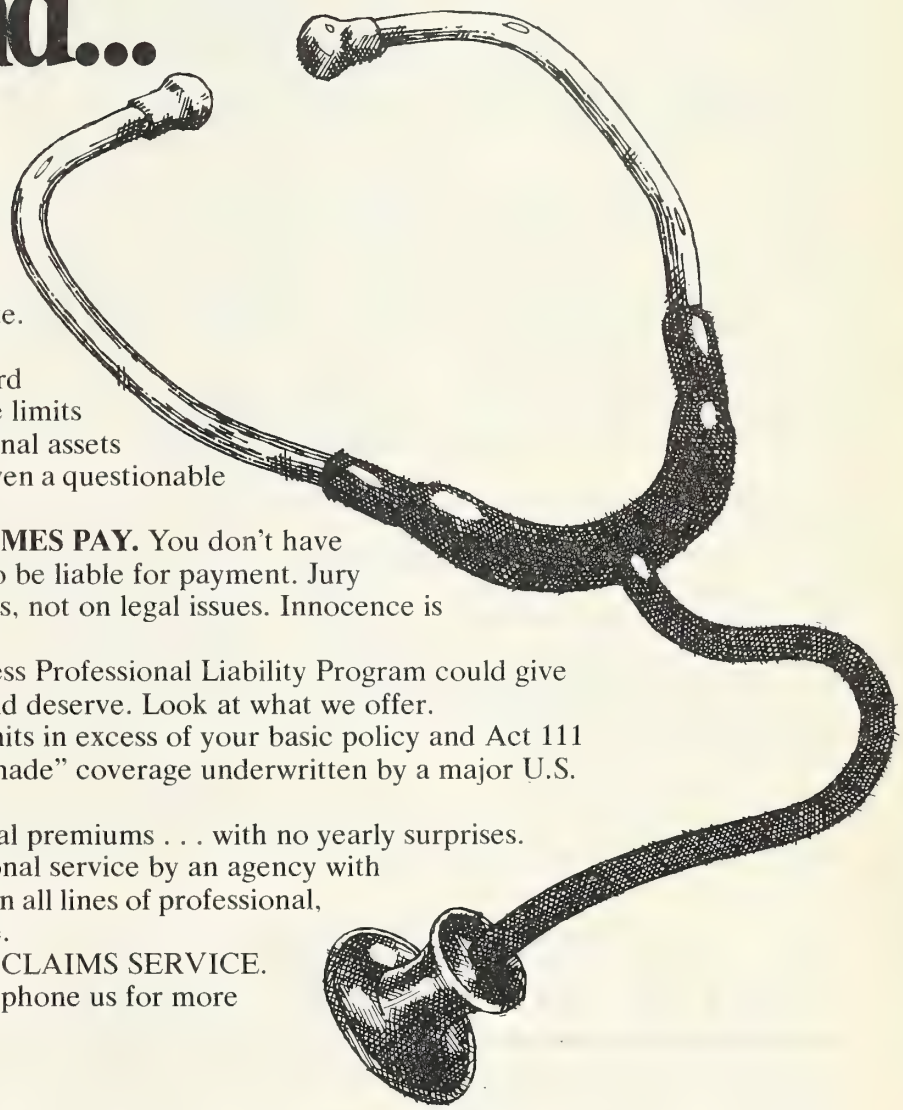

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Hale. ("He was a school teacher by profession," volunteered Randy's father, ever the trivialist.) I looked Randy right in the eye. "What were the last words of this courageous young 20 year old, who penetrated the British ranks and was executed the next day as a spy?" Randy got it right. A few words off, maybe, but the spirit was there. Hale was sorry he could only do it once.

I decided to try some famous writers on this young man. It was a mistake. He'd never heard of Voltaire. He'd never heard of Francois Villon. He'd never heard of Anatole France. He'd never heard of Oliver Goldsmith. *Never heard of Oliver Goldsmith!*

At this point, I began to freak out. Never had the generation gap seemed so stunningly impenetrable. I became more concerned with the tragedy I was uncovering than the feelings of the unfortunate and embarrassed young man who was its victim. Hurt and stunned, I cruelly pursued the "Didn't they teach you anything in college?" routine. My husband gave me a poke and a dirty look.

Randy gamely tried to defend himself. "Look, it's been five years," he said. "How much of this stuff do you expect me to remember?" I made the mistake of interpreting his question literally. "I can't believe this," I said, imprudently casting to the winds everything I had learned about preceptorship, offering criticism, and educating youth. "Never to have even heard of these giants of society! Never to have read any of their works! Never to have been exposed to their genius so that you could have gone on and studied more had you wished! Why don't you write a letter to the president of your college and tell him you want your money back? You've been cheated!"

"Oh, come now," said Randy, a soft air of patronization replacing any shame. "I've read Keats, I've read Shelley. So I missed a few. Does this Oliver Goldsmith write anything like Jane Austen? I never cared for Jane Austen!" (This to a woman who WORSHIPS Jane Austen!) The situation was hopeless. Our young guest did not know Victor Hugo from John Paul Jones. And he didn't much care. When Randy was confronted with his ignorance, he held to the position that whatever he had not learned could not have been that important! The whole episode was for him just another missed card in a game of Trivial Pursuit.

Randy went home, shrugging his shoulders, and I went to bed, more exercised than the body-builders on the Nautilus machine. What's happening in our colleges?

I have read consistently about the diminution of standards of excellence in our institutions of higher learning, and the erosion and deterioration of the classical curriculum. And I have personally witnessed the results of this phenomenon in the medical schools, too. How many student and resident papers have I ploughed through, contaminated by such gross errors of syntax, grammar, punctuation, and construction as to render the contents unintelligible and the mood of the reader exceedingly ugly. And yet, ever the optimist, I believed that somewhere out there in the great beyond, like monks illuminating manuscripts through the days of the plague, a cadre of liberal arts majors was still carrying the torch. I envisioned them polishing lines of verse, re-reading "She Stoops to Conquer" for the sixth time, taking esoterica without regard to grades. What disillusionment! Oh, sadness! The English majors are being betrayed as badly as the medical students!

I am left to feel that something I had always taken for granted, my solid college education, like a comfortable pair of shoes and a reasonably priced house, has now become a rare and precious commodity. I had better start treasuring it, polishing it, keeping it in good repair. Replacing it won't be easy. The young folks today are paying through the nose, and ulcerating their gastric mucosa, to acquire an education which permits no differentiation between Samuel Johnson and Ben Jonson!

Last spring my undergraduate alma mater informed me that I had been elected to Phi Beta Kappa, 28 years after graduation, in recognition of the uses to which I'd put the education they'd given me. Honors of this sort make me nervous, triggering the usual "unworthy" fantasies. The gesture seemed somewhat quaint, and at the least made me feel as uncomfortable as a middle-aged bride. But now I find myself wondering if it means the same thing in 1985 as it did in 1958. Perhaps I should wear that gold key around my neck as a little reminder of an academic past that got me through, even if I did know "little Latin and less Greek."

It is somewhat of a revelation for me to start thinking of education as a changing commodity, consisting of certain attributes and having certain values that respond to fluctuations in the sociological market. I had always considered it an independent variable, for some obscure reason. While aware that adjustments to curriculum inevitably meant dropping old favorites as new literature came in replacement, I never pondered the effects of major hemorrhages in the transmission of culture. It somehow puts everything in a whole new light.

Perhaps I am being unfair to Randy. He may have been intimidated by the breadth of knowledge of his elders, or he may merely have stuffed his belly with too much meat loaf. Perhaps he felt compelled to maintain an indifferent stance. Or maybe he was just bored. But he unnerved me, and I will be looking sharp to what is going on in the undergraduate arena from now on. □

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physicians in the news

William S. Frankl, MD, is the new director of Likoff Cardiovascular Institute of Hahnemann University. Dr. Frankl, who joined the cardiovascular institute in 1984 as professor of medicine, is president of the American Heart Association's Pennsylvania Affiliate and governor for Eastern Pennsylvania of the American College of Cardiology.

The Pennsylvania Academy of Family Physicians installed new officers during its 38th Annual Convention and Scientific Assembly. **Jeffrey J. Danzis, DO,** Chalfont, is president; **Edward A. Kelly, Jr., MD,** Downingtown, is president elect; and **Leo M. Hartz, MD,** Muncy, is vice president.

Joan Mary Roberts, MD, received the 1986 Service Award from the American College of Utilization Review Physicians. Dr. Roberts has served the college as membership chairman, chairman of the board of governors, newsletter editor, vice president, and president. She is a member of the medical staff at Chestnut Hill Hospital.

Edward J. Stemmler, MD, executive vice president of the University of Pennsylvania Medical Center and dean of the University's school of medicine, spoke at a conference, held in Lisbon, Portugal, of the Association of Medical Deans in Europe. Dr. Stemmler addressed the group on "Research and the Medical Schools: the American Point of View."

Sarah S. Long, MD, was appointed a member of the Pediatrics Test Committee of the National Board of Medical Examiners, and was named to the editorial board of the journal *Pediatrics.* In addition, Dr. Long was elected to the Society for Pediatric Research, and joined the scientific program committee for the 1986 International Congress of Pediatrics. She is chief of the section of infectious diseases of the department of pediatrics at St. Christopher's Hospital for Children, Philadelphia.

William W. Robertson Jr., MD, recently joined the division of orthopedics at the Children's Hospital of Philadelphia. He is an associate surgeon, specializing in tumors of the bone and soft tissue and in reconstructive pediatric orthopedic surgery. Dr. Robertson previously served as medical director of the Lubbock Cerebral Palsy Treatment Center in Texas.

James B. Arey, MD, became an honorary fellow of the International Pediatric Pathology Association. Dr. Arey is pathologist emeritus at St. Christopher's Hospital for Children, Philadelphia. The award was given to Dr. Arey for outstanding leadership and achievements in pediatric pathology.

Paul Budura, MD, recently retired from practice after 40 years of service to the Bethlehem area. Dr. Budura, a general practitioner, delivered over 2,700 babies during his career, and has cared for four generations of patients in some families.

Jonas Salk, MD, was reunited with former associates and patients at the place where his first clinical studies on polio occurred, the D. T. Watson Rehabilitation Hospital, Sewickley. ABC Television crews returned with Dr. Salk to film an episode of a new series called "Our World." Dr. Salk's work is featured in a segment of the show.

Warren B. Matthews, MD, has been appointed chief of the family practice division of Abington Memorial Hospital's Family Practice Center. Dr. Matthews also serves as a clinical instructor at Thomas Jefferson University.

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medical feature

Prolonged survival in multiple myeloma

B. Viswanathan, MD
Lilia M. Sayson, MD

Multiple myeloma, unlike many other bone marrow malignancies, is associated with significant renal, osseous, and neurological changes, and the survival rates for patients with this condition have improved only slightly since the institution of alkylating agents for its treatment.[1] Survival rates reach a maximum of five years for about 18 percent of patients as reported in the large series from Mayo Clinic.[2,3] Bad risk cases are identified by renal failure, anemia, hypercalcemia, and the presence of extensive bone lesions. Here we report on a patient who had three of these four features but continued to survive outside of hospitals, and who has been employed from 1962 to the present.

Case report

In 1962, a 31 year old white male patient presented to the VA Medical Center, Lebanon, with complaints of generalized aching and malaise. Multiple myeloma was suspected because of characteristic bone changes noted on routine x-rays. Subsequently, elevated globulins with an "M" spike and a bone marrow examination confirmed the diagnosis of multiple myeloma with IgG monoclonal protein.

For the first eighteen months the patient received urethane as treatment for the multiple myeloma. However, this had to be stopped due to severe leukopenia which occurred in November, 1963. He was then followed regularly in the hematologic clinic. No chemotherapy was given to this patient until 1970, when treatment with oral cyclophosphamide was started. The dose of cyclophosphamide was 300 mgm a day, and this was continued until 1974. During the seven years from 1963 until 1970 he had no episodes of infections, cytopenias, or renal failure but he continued to show increasing bone lesions and his height gradually reduced due to vertebral collapse. In 1974, when the cyclophosphamide was discontinued, he was placed on melphalan—3 mgm every other day. Presently he has been lost to medical followup at this institution but a telephone conversation with the patient indicated that he is doing well with no symptomatology and he continues to be employed. A conversation with his doctor indicated that he is taking 3 mgm every other day of Alkeran (melphalan, Burroughs Wellcome). The results of some of his laboratory workups over the years are indicated in the accompanying table. The initial bone survey had shown involvement of the skull and the full length of the spine. These lesions have shown no improvement since the time of their first detection. The most recent set of laboratory data indicates significant fall in his globulin level from the one noted in 1970 and is the lowest level of the total globulin recorded so far. There has been a slight increase in the urea nitrogen; however there has been no change in the serum creatinine levels and they have stayed within normal limits throughout. The last bone marrow was done in 1972 and has not since been repeated because of the general good condition of the patient and absence of any symptoms.

The authors are both Board certified in internal medicine. Dr. Viswanathan currently is in private practice in Adams County. Dr. Sayson is a staff physician at VA Medical Center in Lebanon. Address requests for reprints to Lilia Sayson, MD, VA Medical Center, Lebanon 17042.

Discussion

This patient was 31 years old when the diagnosis of multiple myeloma was made. In most cases, younger patients have a lower survival rate. Generally, the disease is already advanced enough upon detection to cause early mortality. The patient first was given a less effective agent, namely urethane, which soon was stopped because of the toxic side effects. Then, until 1970, he went without treatment. In most cases, this would have given the tumor a chance to show a renewed growth and further reduce chances of survival. Bone changes continued so that he lost almost five inches of his total height, but the monoclonal protein level remained the same, as noted in the accompanying table. His hemoglobin fell from 14.3 gms in 1965 to 10.9 gms in 1970, and presently stands at 13.1 gms. However, the calcium, despite the bone changes, did not show any increase. The bone marrow, which showed classical changes with in-

Table 1
Laboratory Results for Multiple Myeloma Patient

Years	Platelets per microliter	Hemoglobin gms %	Total protein gms %	Globulin gms %	M-protein %	Urea nitrogen mgm %	Calcium mgm %	Urine protein mgm %	bone marrow
1965	adequate	14.3	9.5	6.0	66	12.0	9.6	negative	10% plasma cells
1966	adequate	14.2	8.8	5.3	50	20.0	9.4	negative	
1967	adequate	15.4	9.5	6.0	50	17.5	—	negative	
1969	adequate	13.2	11.7	9.3	—	19.0	—	negative	
1970	200,000	10.9	13.4	10.2	68.7	17.0	—	negative	
1972	223,000	12.5	12.0	8.2	48.0	14.0	—	negative	40% plasma cells
1980	308,000	12.2	7.8	4.0	—	21.0	—	negative	
1985	206,000	13.1	6.4	2.8	33.57	29.0	9.3		

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creased plasma cells at the time of the diagnosis in 1963, again showed 40 percent abnormal plasma cells in the most recent bone marrow in 1972. However, despite all these abnormalities, the patient continued to survive and with no major infections or renal failure, complications that often cause mortality in this disease.[3,4]

Cytopenias, especially thrombocytopenia which is common in this condition, did not occur in this patient despite 40 percent occupation of the bone marrow with plasma cells. In most large series of cases the maximum survival for multiple myeloma is about 10-12 years.[6] Perhaps this patient's longer survival was related to the fact that little or no light chain excretion occurred. Tritiated thymidine labeling of marrow plasma cells have shown low labeling indices have better prognoses,[5] thus indicating a less "aggressive" growth pattern in some patients. This study was not made on our patient.

Conclusion

A case of remarkably long survival (22 years) has been documented for a patient with multiple myeloma. This case illustrates the need to consider additional factors to determine survival in multiple myeloma. Perhaps levels of monoclonal protein, and even bone lesions, do not necessarily affect survival unless associated with renal failure. □

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Is your financial shelter a house of cards?

Robert A. Wade, JD

Christine J. Valentine

Is your financial structure a house of cards? If you're not sure, think about these questions. Although not an exhaustive checklist, they're intended to spur some significant self-examination.

What is your net worth? To find out, prepare a statement of assets and liabilities. Life insurance is an asset, so don't omit it. Prepare this statement every year to gauge whether or not you're reaching short- and long-term goals.

This brings to mind another issue: whether you set goals in the first place. Don't expect to attain great things if you don't do the planning. Your professional goals will be separate from your personal ones, but they can parallel each other. Although your accountant probably does financial statements for your practice, you also need a picture of your personal situation. Be sure to store these records in a safe place.

Do you have a personal budget? Many doctors have their professional budget on paper (and they follow it), but their personal plan is only a vision. When it's not hardfast, it's easy enough to break, and eventually disregard.

A budget can be the keystone to attaining your financial goals. If you summarize your 1985 income and expenditures, you'll probably see where certain "priorities" can be reorganized, or even scrapped.

Do you have a practice budget? Or do you just accept however things "balance out" at the end of the year—if they do at all? Whether you're running a medical practice or working in one, you should be aware of spending limits—even if it means you can only order 10 floppy disks for the computer, one desk calendar, or attend only one seminar per year instead of three. If you adhere to financial guidelines, you'll be surprised at the differences in both savings and profits. But setting goals and knowing where you stand are important in helping you decide what steps to take. If you don't know where you want to go, you'll never get there.

What about your estate? Many people think they won't have an "estate" until they die. Even if you now only have a savings account, you have an estate.

No matter how insignificant you deem your assets, you should have a current will—even if only to designate an executor, guardians for your children, and to waive bond. But don't forget—insurance and jointly held property on your survivor's death will pass under his/her will.

If you already have a will, has it been updated? Even if drafted within the past few years, it may not comply with recent gift and estate tax laws. Either you or your attorney should store the will in a safe place such as a fire-proof file cabinet or vault.

And you might also benefit from executing a Living Will. Should you become disabled or incapacitated, this would stipulate, for instance, your feelings about "heroic measures" such as being kept alive by artificial means. Check with your attorney on whether your state upholds Living Wills.

Furthermore, a will may still not be enough. A durable general power of attorney is vital in insuring your estate is run competently while you're *alive*—for example, during periods of prolonged physical or mental incapacity. It is a document that survives your disability and designates an "attorney-in-fact" to act in your stead, authorizing him to make all decisions and transactions as though he were you. This might include signing checks, selling of stocks or property, managing bank accounts, business decisions, and certain personal health care decisions. A regular power of attorney may be useless when you need it most—during your disability—since it doesn't survive incapacity.

In almost every state, there will be some property which will not pass under the will. Therefore, you must distinguish which property passes outside the will, and under it.

The assets which usually pass outside the will are jointly owned property (stock, home, safe deposit boxes, U.S. Savings Bonds, etc.), living trusts, bank account trusts, insurance, and employe benefits.

How is property held and bequeathed? Look at how title to property is held, and how it fits your estate plan. Also, if your will states that everything passes to your spouse, the long-range tax consequences may not be optimal. You may find, after reviewing the situation with a tax advisor, that setting up trusts (either currently or under your will) for your spouse saves estate taxes upon his/her death.

If you and your spouse hold most of your property jointly, you may be defeating the purpose of your will by leaving everything to him/her. Joint tenancy *usually* grants right of survivorship—the property will pass automatically to your spouse by law.

Are your insurance coverages adequate? Your home probably has risen markedly in value. And you may have made numerous improvements to it since you took out your original homeowner's policy. Check on whether you'll need additional coverage. It doesn't necessarily have to cost more. Sometimes, having deductibles increased reduces your long-term insurance costs.

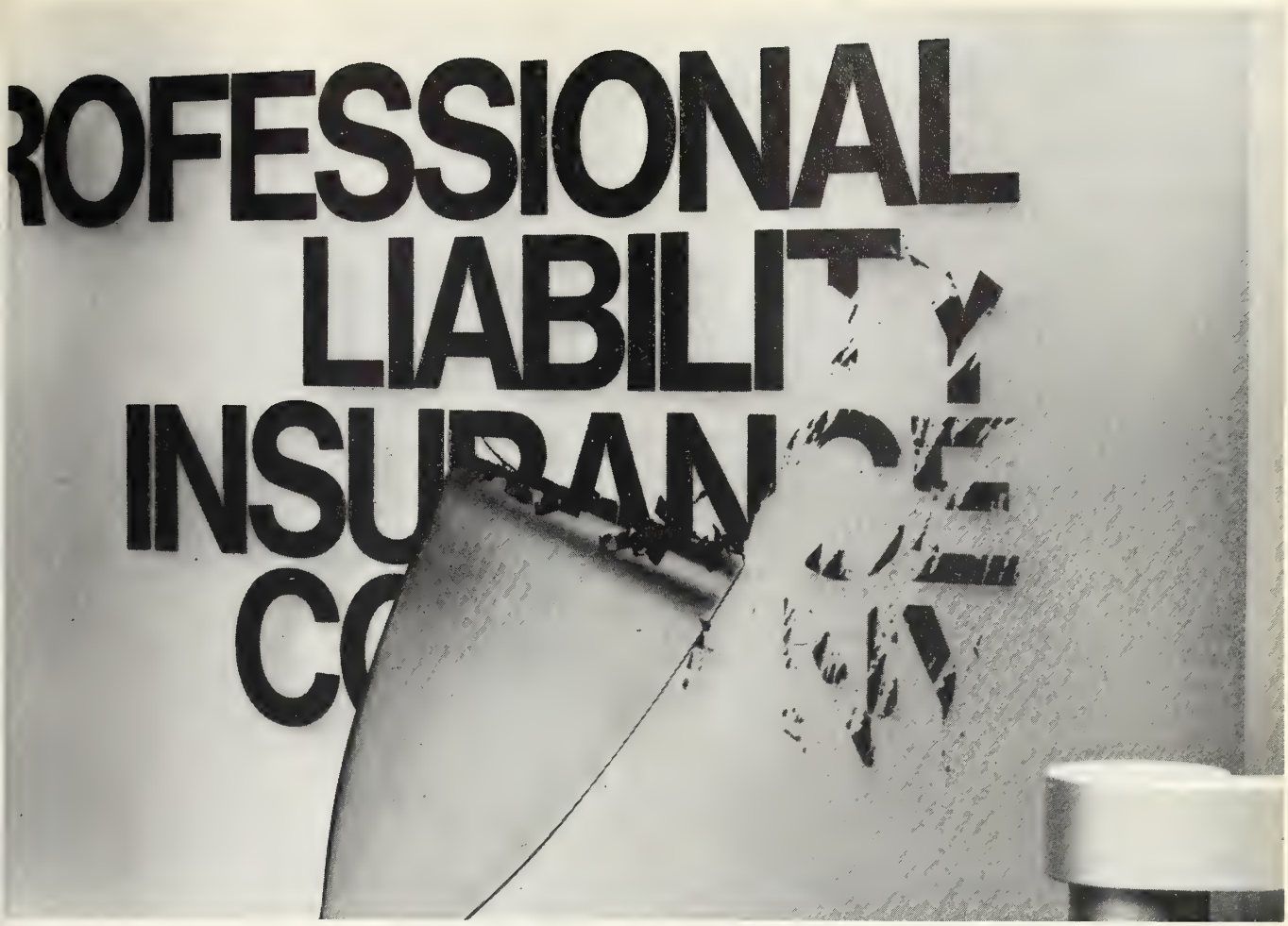
What about your car? Did you restore a classic car, install anti-theft devices, or register it as an antique car? Your insurance should cover your car commensurate with its real value. Don't wait until you need to collect insurance proceeds to discover they're inadequate.

Take pictures of valuable personal property and keep receipts, if possible. This will help ensure proper settlement on any insurance claims.

Life insurance coverage, if purchased a number of years ago, may have been eroded by inflation. Apart from inflation, your coverage should be periodically re-examined since your assets change, children become self-supporting, and goals shift. However, make sure the value of your policy is really "valuable" in relation to the premiums charged.

This is just an overview of matters to consider when examining your financial well-being. Having definite goals in mind is a major part of the battle toward attaining them. Nobody, not even the best financial or estate planner, knows your situation like you do. Having definite ideas can help you convert the blueprint to reality. □

The authors are affiliated with Vasilios J. Kalogredis Law Associates in Wayne.



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in my opinion

Prohibition revisited

Russell B. Roth, MD

Having been born in 1913 I obviously grew up with prohibition. It was not repealed until I was in college. Unless you, too, were at least a teenager in those days prior to repeal you may have substantial misconceptions as to what went on. You know, of course, that prohibition was a failure. It did little or nothing to diminish the consumption of alcoholic beverages. Quite to the contrary it may actually have induced young Americans to start drinking at an earlier age than usual. This was because selling liquor to anyone was illegal, hence there was no special illegality in selling alcohol to minors. Speakeasies were everywhere. "Bootleg booze" was widely available. Homebrew, homemade gin and a full range of other amateur concoctions were produced and sampled by young and old alike. Peer pressure was a very real factor in getting young folks involved in parties where "drinking" was part of the attraction.

Quite beyond this, however, was the fact that the illegal importation, production, and distribution of alcoholic beverages became the undergirding element in the development of a new kind of organized crime.

All in all, most congressional efforts to legislate solutions to behavioristic problems have resulted in disaster—making an admittedly bad situation much worse. And perhaps even more deplorable is the apparent fact that as a nation we learned nothing useful from the experience.

Today the naive notion has burst forth that what wouldn't work for drinking may be made to work for smoking and the use of other tobacco products. Major voluntary health organizations, the American Medical Association, and countless other groups and individuals are spending substantial amounts of money in campaigns to "educate" the public and to persuade legislators to pass laws which would ban advertising, forbid sales to people under 21, require "health warning labels," raise taxes, and impose a number of other controls on tobacco usage. The intent is, to my mind, undeniably good. The question is, will the prohibitory campaigns and any resulting laws make things better or worse? I am cynical enough to suspect that they are likely to become worse.

The warnings don't bother me. I wouldn't even care if they required that the paper on every cigarette be imprinted with a skull and crossbones—applied in non-carcinogenic ink.

The idea of forbidding all media advertising may be a boomerang. The tobacco industry currently spends over 2 billion dollars a year on advertising, the great bulk of which goes to the advertising agencies and the media. These groups, I am sure, react badly to this proposed deprivation of income. The cigarette manufacturers, however, would experience a substantial reduction in overhead costs—so they could sell their products at a lower price—attracting more buyers. They might follow the lead of marketers who are putting more cigarettes in each pack. They might upgrade the "quality" of their ingredients.

There are those who recommend that taxes per pack be substantially increased to keep the price high, and that the tax revenue be donated to the sup-

Dr. Roth, a urologist in Erie, is past president of the American Medical Association and served as speaker of the PMS House of Delegates.

More thoughts on unionization

John M. Cahill, MD

In response to the editorial in the September issue, here are some thoughts as to why a union is necessary to physicians.

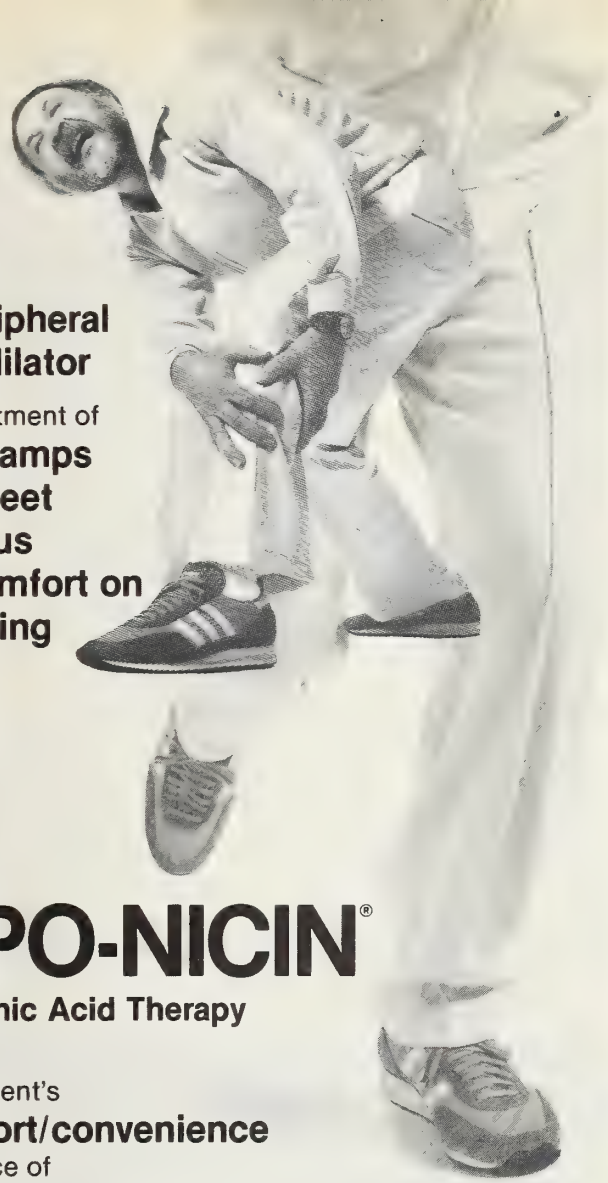
The insurance industry is rapidly developing alternative medical delivery systems. The pressure to do this is coming from government and industry in order to reduce the cost of medical care. They are signing contracts with patients, physicians, and hospitals in order to control these delivery systems.

The physician who signs these contracts finds himself obligated to practice under rules and regulations for the utilization of medical care that have been developed by the insurance industry through statistical analysis of cost and cost effectiveness of medical care. The bottom line of these statistics is cost and profit. Through these contracts, the insurance industry controls the market. There is no longer an open market. The insurance industry is monolithic in this control. The physicians must retain control over patient care. They must be able to deal with the insurance industry on equal terms. This can only be done through a union—a union to negotiate the terms of the contracts and control the rules and regulations that affect patient care.

To be more specific, the rules and regulations govern capitation, risk sharing, and the "Gate Keeper." These rules are insidious. They tear at the very fabric of good medical care. They often put the physician in a compromising position legally. Their very structure gives the appearance of impropriety, if not unethical conduct. Where were we taught that it was proper to increase our income by giving less service? Where is the college that regulates the standards of a "Gate Keeper"? These questions should be asked and debated in the forum of our medical societies over the next several years. However, today, the union is advising its members not to sign any contract until these issues are negotiated; not to sign until they are satisfied that all impropriety, economic manipulation, and compromise to patient care is taken out of the contracts.

That is today. That is the position of the Pennsylvania Federation of Physicians & Dentists.

Dr. Cahill, a family physician in Bucks County, is president of the Pennsylvania Federation of Physicians & Dentists, affiliate of the American Union of Physicians & Dentists.



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port of Medicare. When our senior citizens come to realize that their medical benefits are being subsidized by smokers, I imagine that many of them would be inclined to advocate more smoking. Let the young enjoy the "treat" in order to finance the "treatment" for the elderly!

Making alcohol illegal was great for the distillers and distributors operating outside the law. Making addictive substances illegal has done little or nothing to reduce drug abuse. I am fundamentally happy that the do-gooders did not whip up a sustained media campaign against marijuana, heroin, cocaine, and the rest in my youth. Peer pressure might have influenced me to try *them* out.

I would prefer to see concentration on positive campaigns emphasizing healthy lungs, good livers, strong hearts, and controlled weight. We will still have carcinoma of the lungs, cirrhosis of the liver, myocardial infarctions, and troublesome obesity. We will, worst of all, continue to have automobile crashes, but I would rather be *for* seatbelts than *against* cars.

All in all the achievement of a tobacco-free society by the year 2000 postulates a loss of jobs for well over a million full or part time tobacco farmers and a reduction of something like 2.5 percent of the gross national product, plus a reduction of 6 or 7 billion dollars of tax receipts for federal, state and local governments. It further postulates that some 300,000 Americans who otherwise would die of cigarette related cancer or heart disease, will be spared that fate. It makes no guesses as to how many of these compatriots, not yet blessed with immortality, will die of something else. My guess would be all of them!

I believe we need to rethink the subject, remembering the lessons taught by "prohibition." Concentrate on improving the warning label approach, banning smoking in public places, planes, health care institutions, and the like. Avoid the perils of driving the tobacco industry "underground." Utilize the tax-revenues from tobacco sales to subsidize the education of our youngsters to develop healthy life-styles not only in respect to the avoidance of smoking and over-indulgence in alcohol, but in safe driving, proper diet, and shunning substance-abuse in general. Let us promote approaches that really have a chance to work. □

Must help ourselves

Kenneth M. Algazy, MD

I will be the first to admit that true medical malpractice occurs; however, physicians at this point in time are completely at the mercy of attorneys and, in many circumstances, law suits are being filed and carried through for circumstances other than malpractice.

With this in mind, I feel that physicians should exert their own economic pressure to expedite tort reform. I would propose that physicians dealing with any law firm in the state of Pennsylvania check to see if that law firm represents plaintiffs in malpractice actions. If law firms which represent us for our general, corporate, and personal legal matters are engaged in representing plaintiffs in suits against physicians, then we should ask what safeguards are available through that group in order to prevent unnecessary and callous suits against medical practitioners.

Should the law firm involved not be able to answer this question, our engagement with that law firm's services should be withdrawn and given to a firm that is more physician-sensitive. Since no one else is willing to help us, I feel we must help ourselves. □

Dr. Algazy is a hematologist in the Philadelphia area.

The doctor as a criminal

George A. Rowland, MD

A few years ago an unpleasant situation left a community aroused and disturbed. The citizens felt that someone should pay for a grievous wrong.

The facts of the case were these: A young girl was found to be dead in the course of a wild party involving much sex, alcohol, and drugs. Autopsy showed a high barbiturate level in her blood and several high dosage capsules in her stomach. There were also several more capsules in her handbag. It was determined that she had received prescriptions for a considerable number of these capsules from one physician.

Charges were brought and dropped against men at the party who had sexual relations with her, some possibly after her death. In the end, it was the doctor alone who was charged and convicted. Lengthy appeals were fruitless and he was required to serve some time in prison.

On the professional side the case was considered. The county medical society talked it over. Their bylaws provided for automatic suspension or expulsion of members convicted of felonies. Action was delayed pending the court's ruling. Since he was found to be guilty only of a misdemeanor the matter was dropped.

The state medical society was notified but they failed to act. The board of medical licensure likewise was not responsive. The state bureau of dangerous drugs *did* limit his prescription writing for about a year. During that time he was not permitted to prescribe dangerous drugs. Subsequently all limitations were released. His practice, otherwise totally unfettered, was only interrupted by his enforced holiday at an institution of correction. Many of his patients anxiously awaited his return.

So much for the story. It seems that this case emphasizes some glaring deficiencies both in organized medicine and in our society at large. Every county society officer knows that any serious effort to suspend or expel a member is likely to result in litigation expensive both in time and money to the society and to the officers individually. State and national organizations are similarly affected. Unfortunately even with increased funding and much prodding by organized medicine, state boards largely remain paper tigers, poorly equipped to handle anything but irregularities in credentialing.

Many people do harm to others and sometimes end up in jail because they lack the necessary training, ability, or moral stamina to do a job correctly. Medicine may provide glaring examples of this but I suspect that the law, and many technical fields also are affected. These offenders are not a public danger except when their hands are on the throttle. You must get them out of the driver's seat until you can be sure that they can be trusted with responsibility. Decisions of this nature should be left to a man's peers, the experts in the involved field.

It appears the doctor in this case was practicing bad medicine but his correc-

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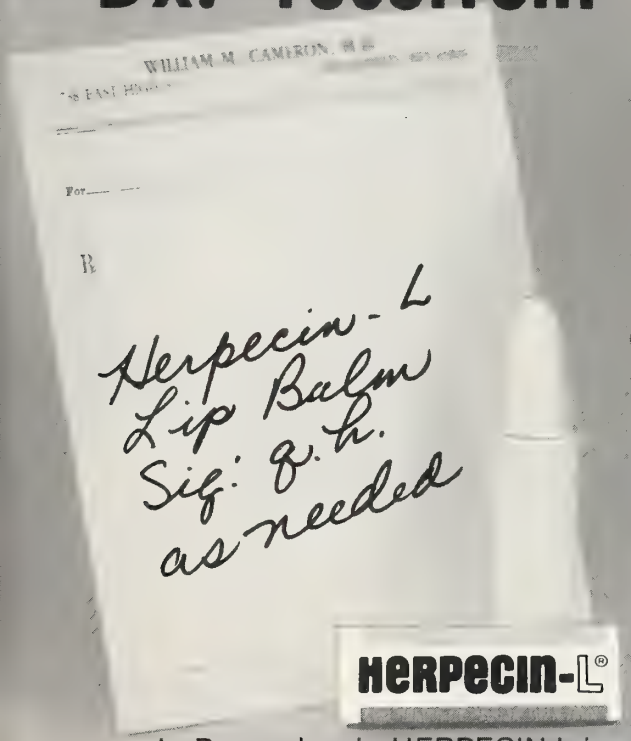

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in my opinion

tion should have been carried out on a professional level. Appropriate measures could have included limitation of licensure and prescription privileges; suspension of society or hospital staff membership; a requirement that he take pertinent training courses in drug therapy and toxicology with examinations successfully passed; and certainly a period of probation before his reinstatement.

The manslaughter charge in this case was inappropriate. It was like killing a fly with a sledge hammer. The case was such an affront to public decency that someone needed to be punished. The doctor was only a scapegoat. He needed chastising and the courts offered the only avenue available.

The following seems to be justified. (1) Organized medicine has no method it can or will use to discipline or correct one of its own members who becomes a danger to his patients. (2) The police and courts, when they do get such cases, handle them clumsily and help very little in preventing recurrences. (3) If medical societies and hospital staffs were able to consider disciplinary problems freely without being hampered by fear of suit and litigation, these cases could get honest and sensible handling. Many situations of substandard practice could be changed for the better. □

Dr. Rowland is a family physician in Millville, Columbia County, and has been involved at all levels of medical society activity.

Specialty misleading

Karl R. Pecht, MD

I was disturbed when I read through the PENNSYLVANIA MEDICINE 1986 Directory because the specialty information on the physicians listed was inaccurate and misleading. Although you preface the medical specialty information on page 77 with the statement that the medical specialty code does not imply Board certification, I would point out that in the case of family practice it definitely does imply certification.

Unlike other specialties, in general practice a non-certified practitioner is known as a GP and "family practice" is the title given only to GPs who have been Board certified in family practice. Therefore, when you use FP as a specialty code, you are implying that this is a general practitioner who is Board certified in family practice; otherwise, he would be listed as GP.

This alarms me because I know that in at least one case a physician who has had the minimal required training for licensure to be purposely touting the title "family practice." Sure enough, he is listed in your membership directory under family practice.

Therefore, I believe that if a physician cannot document Board certification in family practice, you should list him as GP. Otherwise, you are causing unnecessary confusion and aiding in the purposeful deceit of some lesser qualified physicians. □

Dr. Pecht is Board certified in family practice, and maintains an office in Blanchard.

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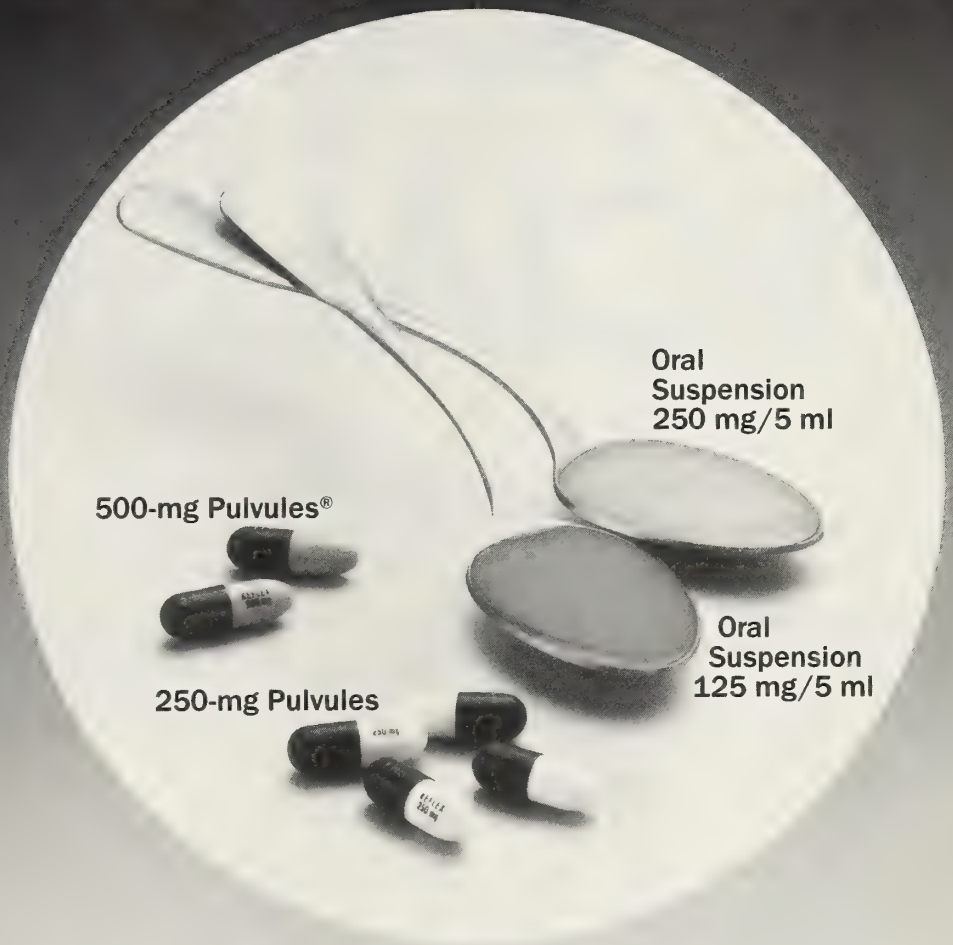

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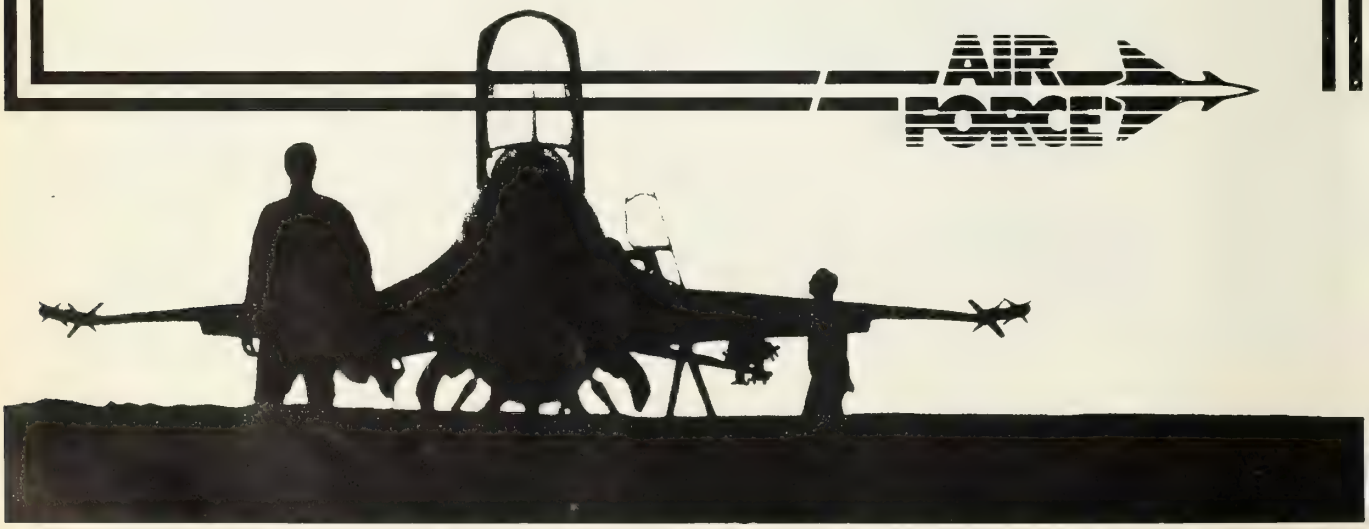

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For more information about these opportunities, contact Dr. Gerald S. Browdie, Director of Recruitment, Westmoreland Hospital, West Pittsburgh Street, Greensburg, PA 15601; 412-832-4037.

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Opportunity in western Pennsylvania within one hour of Pittsburgh available immediately. Seeking primary care practitioners and general surgeons. Board eligible or certified in primary care or surgery. Experienced physicians or 1987 residents. Type of practice: association. Size of community: 30,000-100,000. Size of trade area: 100,000 plus. Reply to PMS Physician Placement Service, Department NON-0487-GP17, 20 Erford Road, Lemoyne, PA 17043.

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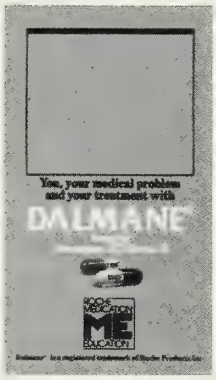

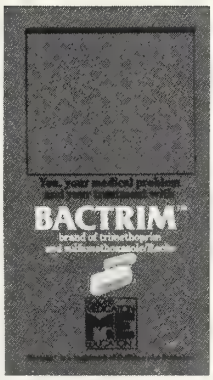

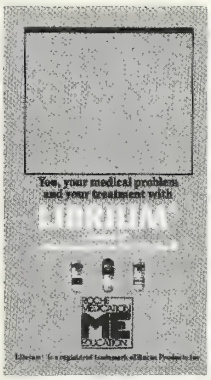

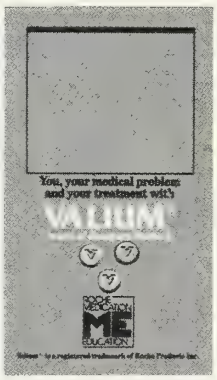

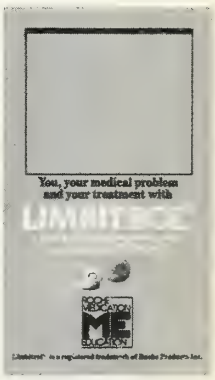

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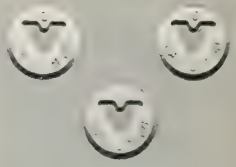

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Volume 89, No. 12 DECEMBER 1986

Also in this issue: Medigram—page 8 Genesis of generic drugs—page 32

3

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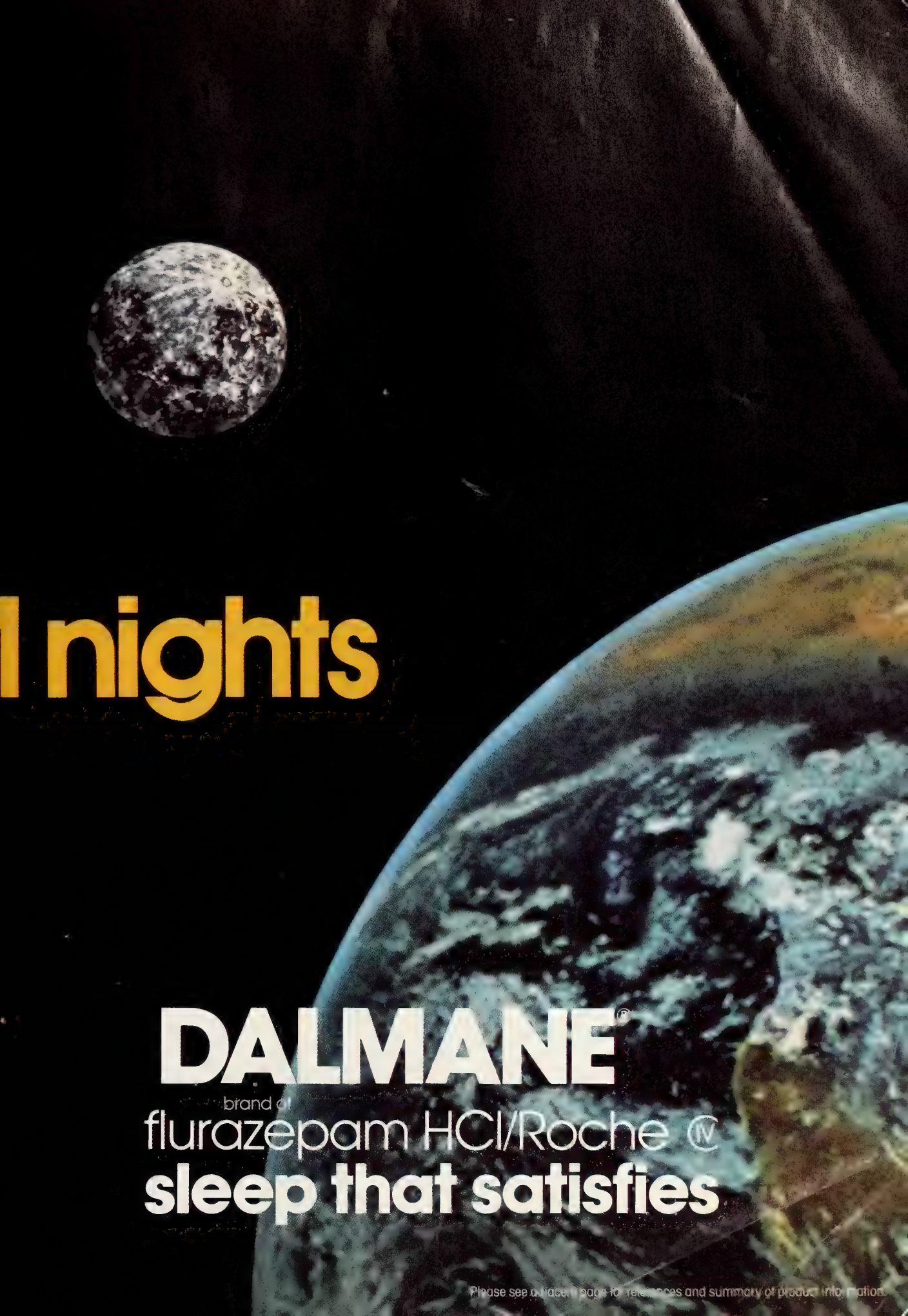
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References: **1.** Kales J, *et al: Clin Pharmacol Ther 12*:691-697, Jul-Aug 1971. **2.** Kales A, *et al: Clin Pharmacol Ther 18*:356-363, Sep 1975. **3.** Kales A, *et al: Clin Pharmacol Ther 19*:577-583, May 1976 **4.** Kales A, *et al. Clin Pharmacol Ther 32* 781-788, Dec 1982 **5.** Frost JD Jr, Dekosky ST, Dell'Orfano MR: *J Am Geriatr Soc 27*:541-546, Dec 1979 **6.** Dement WC, *et al Behav Med*, pp. 25-31, Oct 1978. **7.** Kales A, Kales JD: *J Clin Psychopharmacol 3*:140-150, Apr 1983 **8.** Tennant FS, *et al:* Symposium on the Treatment of Sleep Disorders, Teleconference, Oct 16, 1984 **9.** Greenblatt DJ, Allen MD, Shader RI: *Clin Pharmacol Ther 21*:355-363, Mar 1977

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Adverse Reactions: Dizziness, drowsiness, lightheadedness, staggering, ataxia and falling have occurred, particularly in elderly or debilitated patients Severe sedation, lethargy, disorientation and coma, probably indicative of drug intolerance or overdosage, have been reported Also reported. headache, heartburn, upset stomach, nausea, vomiting, diarrhea, constipation, GI pain, nervousness, talkativeness, apprehension, irritability, weakness, palpitations, chest pains, body and joint pains and GU complaints. There have also been rare occurrences of leukopenia, granulocytopenia, sweating, flushes, difficulty in focusing, blurred vision, burning eyes, faintness, hypotension, shortness of breath, pruritus, skin rash, dry mouth, bitter taste, excessive salivation, anorexia, euphoria, depression, slurred speech, confusion, restlessness, hallucinations, and elevated SGOT, SGPT, total and direct bilirubins, and alkaline phosphatase; and paradoxical reactions, *e.g.*, excitement, stimulation and hyperactivity
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1 Played a key role in passage of a new Medical Practice Act with provisions to meet modern licensing and oversight needs. The Act now serves as a guidepost for professional standards in the health care professions.

2 Provided important support for a child passenger protection bill.

3 Advocated a bill to prohibit the sale of anatomical parts.

4 Worked to prevent podiatrists from defining themselves as physicians.

5 Helped defeat measures that would allow non-practitioners to practice medicine as a means of "cost containment."

6 Promoted the Cancer Control Act, including allocation of funds from cigarette taxes.

7 Successfully led opposition to legislated caps on medical facility capital investment.

8 Supported passage of protective rules shielding physicians from criminal liability when drawing blood under the drunk driver law.

In Regulatory Action, PMS . . .

9 Vigorously supported the simplification of the Medical Assistance Form.

10 Successfully pushed for an increase in the average MA fee schedule to 50% of the average usual billing charge and helped win an increase to 70% for office visits, emergency room treatment, and outpatient hospital fees.

11 Urged updating of the MA fee schedule to include 600 new procedures.

12 Challenged Blue Shield rules and regulations to assure due process for physicians.

In Communications, PMS . . .

13 Produced "Pennsylvania Medicine" to bring Pennsylvania physicians the latest news on legal and political matters affecting them, as well as information on taxes, investments, insurance, and marketing/management advice.

14 Provided specialized newsletters with updates on reimbursement, medical liability and other concerns.

15 Initiated an intensive multi-media public education campaign to present accurate information in areas of specific concern to the profession and to counter negative publicity.

16 Maintained ongoing contacts with mass media to encourage balanced reporting on physician's issues.

17 Provided special training for physicians who serve as public advocates for physician interests.

18 Offered an annual medical reporters' seminar to acquaint medical writers with key issues.

On Physician Services, PMS . . .

19 Established the Marketplace Analysis program to provide up-to-date demographic information as well as listings of physicians and hospitals for practice areas throughout Pennsylvania.

20 Offered placement services for physicians seeking practice opportunities in Pennsylvania and for communities in the state seeking physicians.

21 Conducted practice management courses throughout the year at several locations. Subjects include establishing a practice, understanding computers, collecting from third party payers and many others.

22 Provided marketing assistance from the Society's practice management network.

23 Produced a contracting guide with valuable advice on PPO contracting for physicians.

24 Sponsored contract seminars to help with all aspects of contract negotiation.

25 Provided a toll-free telephone hotline to answer reimbursement questions and assist in dealing with third party payers. (1-800-228-7823)

26 Developed a patient satisfaction questionnaire to provide feedback to physicians on patient attitudes toward the care they receive.

27 Established the Pennsylvania Medical Society Liability Insurance Company—PMSLIC—which now offers top-rated protection to over 6,000 physicians.

28 Developed the Risk Management Program, an educational program on how to avoid damaging suits.

29 Initiated an Impaired Physician Program, now with a full-time medical director, to help troubled physicians get assistance from their colleagues.

30 Formed the PMS Educational and Scientific Trust to promote medical and health education as well as educational research projects.

31 Produced a series of practice management publications to help physicians keep up with changes in the profession.

32 Offered consultation services to assist hospital medical staffs in reviewing their bylaws.

33 Formed the Hospital Medical Staff Section within the Society to give medical staffs input into PMS decision-making.

34 Founded a Pennsylvania Medical Society Auxiliary, a powerful support arm of the Society whose membership is open to member physician spouses.

35 Established a Specialties Society Department to pool the resources of various specialties and provide administrative support for their activities.

In Money Management, PMS . . .

36 Sponsored a credit union for physicians, their families, and their employees, offering loans with attractive rates.

37 Maintained a variety of premium-saving group insurance plans to PMS members.

We've Set Important Goals for the Future Too.

The Pennsylvania Medical Society is building on its successes, serving the physicians who serve our Commonwealth. Now, we've designated as top priorities these essential new achievements:

- ✓ Effective Liability-Tort Reform Legislation
- ✓ Fair and Effective Cost Containment Measures
- ✓ Sanity in Alternate Delivery Systems Planning

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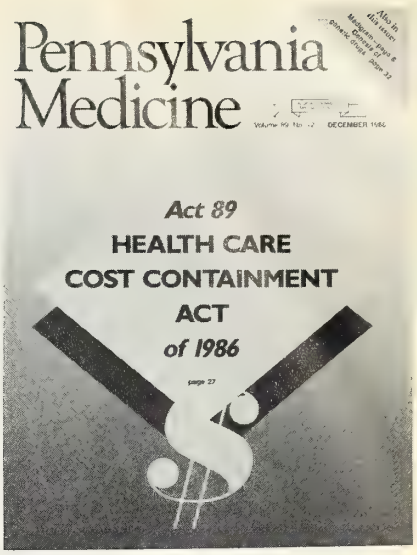

contents

December 1986
Volume 89, Number 12

COVER
27 Cost containment council activated—Beryl Khur—*law explained*

NEWSFRONTS
8 Medigram—*late news at press time*
12 Liability reform main theme for PMS—Karen K. Davis—*report on Annual Meeting*
17 State publishes home health care regulations—*standards established for certification*
18 Drs. Tyson, Harrop, Andriole lead PMS—*new chain of command set*
22 Dr. Tyson lists areas for action in 1987—*highlights of inaugural speech*
24 Dr. Alexander surveys past year, prospects—*farewell remarks from outgoing president*

EDITORIAL
10 Censorship no solution—David A. Smith—*education is best alternative*

MEDICAL FEATURE
32 Genesis of generic drugs—Benjamin Calesnick, Lloyd A. Krieder, Annette Dinan—*outline of Pennsylvania's review process*

PRACTICE MANAGEMENT
40 Welcome: The Internal Revenue Code of 1986—Parts II and III—The Health Care Group—*effects on corporations and retirement plans*

SPECIAL FEATURE
51 The Medical Practice Act of 1985—Part V—John H. Moyer—*responsibility of the medical board for law enforcement and discipline*

DEPARTMENTS
38 Physicians in the news
48 New members
48 Advertisers' index
50 Obituaries
60 Classified advertising

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medigram

DEMONSTRATION AREAS NAME FOR COST CONTAINMENT PLAN

The Pennsylvania Buy Right Project, a three year education and demonstration project for containing medical care costs, has identified five pilot areas. The project is being conducted under the direction of the Center for Policy Studies, Minneapolis, for the Pennsylvania Business Roundtable. The pilot areas are: Philadelphia, Pittsburgh, Erie, Central Pennsylvania (York, Lebanon, Lancaster, and Dauphin counties), and the Lehigh Valley (Allentown, Bethlehem, and Easton). The Buy Right Project is under the broad sponsorship of the Business Roundtable, the Hospital Association of Pennsylvania, the Pennsylvania Medical Society, the Pew Memorial Trust, and associated Blue Cross plans. The education effort will discuss through meetings, seminars, and technical assistance, how health care costs can be managed while assuring access to medical care and quality of care through competition among providers.

SURCHARGE STAYS AT 87% FOR CATASTROPHE FUND

The Medical Professional Liability Catastrophe Loss (CAT) Fund will remain at 87% of a physician's professional liability insurance premium in 1987. The filing is effective on policies beginning January 1, 1987. The basic professional liability insurance premium provides coverage up to $200,000 per occurrence and $600,000 annual aggregate. The CAT Fund covers awards above those amounts and up to $1 million per occurrence, $3 million annual aggregate.

MEDICARE PARTICIPATION DECISION DUE DECEMBER 31

Physicians need to decide by December 31, 1986 whether or not to be a Medicare participating physician in 1987. Those who are now participating and wish to maintain the status need not take any action. Medicare carriers will consider the current participation agreements to be in effect through 1987. Participating physicians who wish to terminate their agreements must notify in writing by December 31, 1986 all carriers with whom they have filed agreements. Those who are not participating now but wish to do so in 1987 must complete and return a Medicare Participating Physician or Supplier Agreement, available from Medicare carriers. Physicians who are not now participating and wish to maintain the status are required to take no action.

DISCUSSION OF PEER REVIEW TO DOMINATE AMA MEETING

Four of Pennsylvania's nine resolutions to the AMA's 1986 Interim Meeting in Las Vegas deal with Peer Review Organizations (PROs). Peer review activities are expected to dominate the discussion at the meeting which will attract some 50 Pennsylvanians, including 17 delegates, under the leadership of R. William Alexander, MD, chairman of the Pennsylvania Delegation. R. Robert Tyson, MD, PMS president, will chair Reference Committee E, dealing with scientific affairs.

MEDICAL BOARD WAIVES FEE FOR BIENNIAL REGISTRATION

No fees will be imposed when physicians reregister for 1987-88 with the State Board of Medicine. A 1981 settlement resulting from legal action brought by the Pennsylvania Medical Society requires the medical board to weigh its needs when setting fees for each two-year period. No fees have been imposed since 1981 for reregistration, but newly-licensed physicians are required to pay a fee.

KODAK SELECTS PENNSYLVANIA FOR DIVISION HEADQUARTERS

Eastman Kodak Company has selected a Commonwealth location for the headquarters of its Pharmaceuticals Division. The first phase of the corporation's planning calls for leasing two buildings in the Great Valley Corporate Center near Malvern. They will provide 150,000 square feet of space for research, marketing, and administration. Eventually the company expects to construct a permanent site in the greater Philadelphia area, which was chosen over Baltimore because Philadelphia has become an established center for the pharmaceutical industry.

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editorial

Censorship no solution

As physicians, we are primarily interested in the promotion of the overall health and well-being of the public. As private citizens, we are equally concerned about maintaining a healthy, well-balanced relationship between the individual and our government.

Very little can be said in support of the use of tobacco. We know it causes cancer, can lead to heart disease, and is responsible for other ailments such as emphysema. As health professionals, we feel an obligation to inform the public of the serious risks involved in tobacco use. But is banning the advertising of tobacco the best answer? To date, the government has prohibited tobacco advertising from television. This latest proposal, to ban all tobacco advertising from magazines, billboards, and other forms of print media, perhaps sets a more dangerous precedent.

Television advertising is considered the most powerfully persuasive tool we know of today. It influences our attitudes about how we think of ourselves and what we should expect from life, and has the potential to create new ideas about life in the mind of the public. Therefore, when we ban television advertising we have done a great deal toward discouraging the use of any product. However, although the use of tobacco may very well decline with a total ban on advertising, would we not also be expanding something every free person abhors even more—censorship.

If society believes that tobacco use is harmful enough to support censorship, why not completely prohibit its use instead? Dangerous and prohibited drugs, such as marijuana and cocaine, surely do not have television or magazine advertising to promote their use. The problem of censorship is effectively removed by banning these products in much the same way that other dangerous products are controlled. To impose censorship on our cherished institutions is far more dangerous than to prohibit the use of a product.

Of course, making tobacco use illegal would neither meet with societal approval, nor would it serve to deter the actual use of tobacco. From experience, particularly during the prohibition era, we know that if there is a demand for a certain drug by society, this demand will largely be met, regardless of the laws that the government may have on the books and regardless of their efforts to enforce these laws. And we must accept the fact that society has and always will permit the legal use of one drug or another for recreational/social purposes.

However unlikely, a total ban on the use of tobacco would be the more philosophically acceptable alternative because it would favor the preservation of our civil liberties rather than accede to the dangers of censorship. Censorship is counter to the freedoms that are intrinsic to the special nature of this country.

A better approach would be to continue to educate the public about the dangers of addiction, and the potential damage to peoples' lives that can result from the misuse of drugs. Let us continue to advertise and educate the public. We need to use the very tools that we wish to censor to increase public awareness and thereby reshape the attitudes of our society.

Censorship is not the answer. But with freedom comes responsibility. We must decide as a society that we no longer can condone drug abuse. Only then, with a significant decrease in demand, will we be able to stem the tide of illegal drugs into our country, and decrease the use of currently socially acceptable, legal drugs.

David A. Smith, MD
Medical Editor

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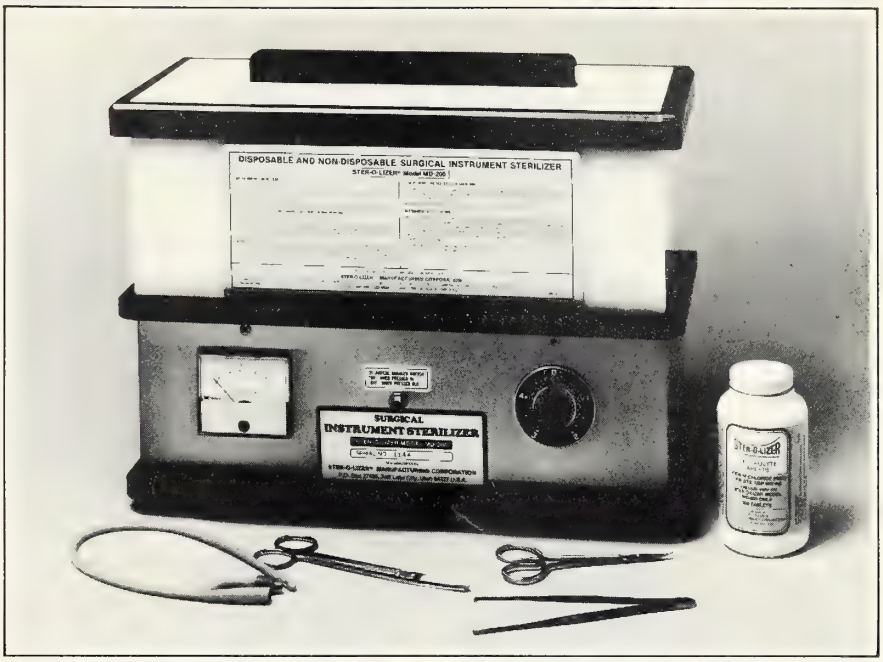

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Liability reform main theme for PMS

Karen K. Davis

Issues tied to professional liability were dominant at the Society's 1986 Annual Meeting, held October 17-19 in Pittsburgh. Physicians spoke about the adverse effects the liability system has on health care delivery, ranging from increased patient costs to the diminishing availability of care. Delegates to the PMS House called for continued efforts to reform the state's tort system. Delegates also made decisions on matters relating to public health, relationships with third party payers, health care delivery, and medical education.

Professional liability

Delegates passed a liability reform strategy for 1987 that includes the following components:

- Preparation of a new legislative initiative that includes reforms necessary to achieve savings;
- Working with the Pennsylvania Civil Justice Coalition to pursue language on capping noneconomic damages (pain and suffering);
- Commissioning a public opinion survey to assess attitudes, and involving the public in the campaign for reform;
- Using the Public Education Program to carry messages on tort reform;
- Continuation of the Legislative Action Teams (LATs)
- Working with state and national coalitions seeking tort reform.

The House gave the Board of Trustees the authority to draft and submit the Society's 1987 legislative proposals and left to the Board's disgression timing and method of introduction of legislation. Delegates offered the Board a series of recommendations for consideration while drafting a bill and during negotiations.

Delegates voted to have PMS encourage all physicians to distribute information about liability issues to their patients, discuss the issues, and urge patients to write their legislators about the professional liability situation.

The House also voted to develop an informational support and physician contact system for physicians concerned about or involved in medical liability litigation. Delegates referred to the Board for study a measure calling for the Society's liability insurance company (PMSLIC) to make periodic reports to members of the House. Two resolutions concerning the administration of the state's medical Catastrophe Loss (CAT) Fund were referred to the Board for study.

James A. Raub, MD, is Speaker of the House of Delegates.

Jonathan E. Rhoads Jr., MD, is Vice Speaker of the House of Delegates.

Bylaws

The House considered several items concerning the make-up of the Board of Trustees. Delegates adopted a bylaws change making the specialty society trustee eligible for election as Chairman of the Board. Another change adopted by the House allows a representative from the Hospital Medical Staff Section to join the Board as a voting member. Lee H. McCormick, MD, was chosen to fill that post. The House referred back to the Committee on Bylaws for clarification the change requiring members of the Board, with the exception of residents and students, to be full-dues-paying, active members of PMS.

In addition, delegates voted to have the Executive Committee of the Board of Trustees serve as the Advisory Committee to the PMS Auxiliary. Delegates gave the Board permission to allocate income from the Medical Benevolence Fund for other purposes. They approved a change allowing the Committee on Aid to Education to approve block grants to medical schools for distribution to students based on criteria established by the Educational and Scientific Trust of PMS.

The House passed a resolution limiting the term of the medical student trustee to one year and opening the position only to students who will not graduate before the term is over. The Committee on Bylaws was directed to develop appropriate language to institute this change.

Delegates voted to start planning for the formation of a new Young Physician Section of House, and instructed the Committee on Bylaws to develop appropriate language to establish the section at the 1987 Annual Meeting. Members age 40 or under, or in the first five years of practice if over 40, will be eligible to join. The Board has appointed representatives from PMS to attend meetings of the American Medical Association's Young Physician Section, which will be held in December 1986, and June 1987. Roberta L. Schneider, MD, an emergency physician from Wyncote, will serve as delegate and Brenda K. Baumann, MD, a family physician from Clearfield, will be alternate.

Public health

In the area of public health, delegates asked PMS to join the coalition of organizations seeking legislative action to reduce infant morbidity and mortality through the Healthy Start Campaign. Three measures on smoking were adopted. The House voted to oppose public distribution of free cigarettes and smokeless tobacco and called for a ban on all smoking in hospitals. In addition, delegates called for ban on tobacco advertising in the print media, or for

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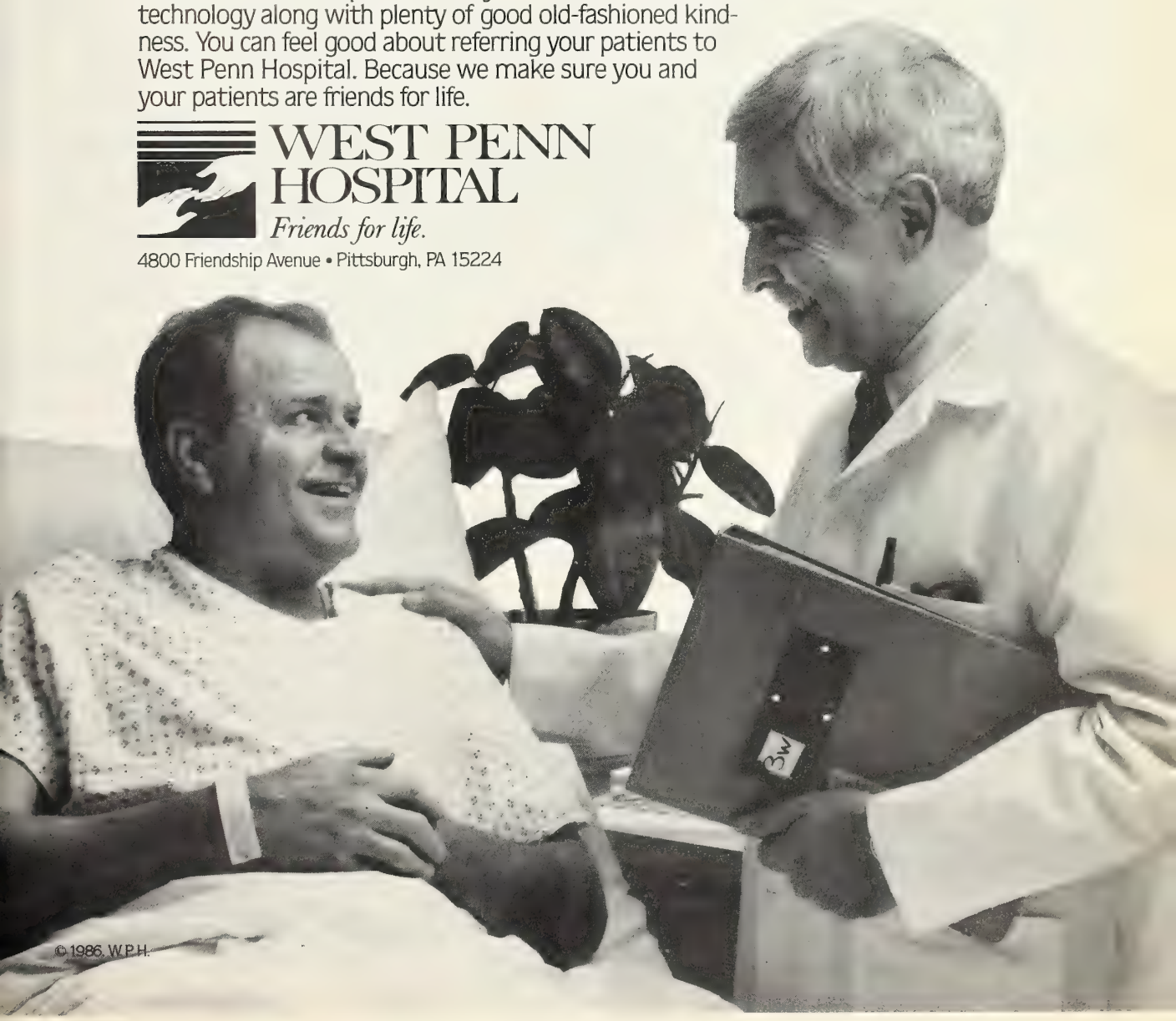

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equal space to be alloted for public service announcements about tobacco's harmful effects.

Members of the House resolved to urge state legislators to pass a mandatory safety belt law and to support the work of the Keystone Safety Belt network, both in securing an effective law and in producing education programs. The House also voted to send to the AMA a resolution calling for federal legislation to make driving with a blood alcohol level above .05 percent a crime.

Delegates asked ths Society to develop a program to educate the public about organ donation, and advocated scientific research on firearm-related injuries and deaths.

Third party reimbursement

A number of issues concerned relationships with third parties. The House resolved to try to modify restrictions in the Pennsylvania Department of Public Welfare's recently instituted guidelines for inpatient hospital detoxification. Delegates directed the Society to oppose any statutes or regulations providing for direct reimbursement to certified registered nurse anesthetists for anesthesiology services.

In other actions, delegates voted to have the Society encourage the state legislature to require use of standard form HCFA 1500 for medical care claims, and to seek appropriate regulations requiring all third party payers to use uniform disease and procedural coding.

The House asked the Society to study Section 1833 of the Social Security Act and develop proposals for regulations on payments to physicians for overhead costs of performing procedures in their offices. In addition, the delegates voted to have the Society advocate payment by all third parties of a reasonable fee for handling of specimens. Delegates voted to urge Pennsylvania Blue Shield to reverse its policy, for private business programs, of paying only for in-house laboratory testing.

The House referred to the Board a measure calling for discounted care for elderly patients, and voted to send a resolution to the AMA calling for a study of special health insurance problems posed by psychiatric diseases.

Health care delivery

Some items related to health care delivery were considered by the House. Delegates directed the Society to develop a committee to address measurement of quality in health care delivery and to develop quality standards.

The following stand on exclusive contracts was adopted: PMS does not support or oppose exclusive contracts; however when an exclusive contract is considered, the hospital and its medical staff should determine whether it is justified and assess future effects. The Society recommends physicians entering into exclusive arrangements have the contracts reviewed by an attorney.

Delegates approved the following position when advising hospital medical staff physicians about alternative delivery plans: When solicited for membership by an HMO or PPO, the physician should be given specific information on direct and indirect ownership and structure, subscribers, right to review data submitted to state agencies, and a reasonable period to study information. When an HMO negotiates with a hospital, the medical staff should be encouraged to seek representation in deliberations. After a contract is signed the hospital should analyze the impact of the HMO on practice patterns in the institution.

The House voted to have the Society become a member of the Alliance of State Physician Networks (ASPN) and join discussions on the proposal by the U.S. Department of Defense to restructure the CHAMPUS (Civilian Health and Medical Program of the Uniformed Services) Program. The alliance was formed by 14 medical societies in the South.

The Pennsylvania Medical Care Foundation was dissolved by unanimous vote of the administrative members. Foundation duties were assigned to the Council on Medical Economics.

KePRO

The House voted to keep peer review in the hands of physicians and to address the internal problems of its subsidiary, the Keystone Peer Review organization (KePRO). Delegates adopted a resolution authorizing the Ad Hoc Committee on KePRO Oversight to investigate PMS member complaints about the subsidiary, and to report on KePRO activities.

In related actions, delegates resolved to have the Society work to modify those requirements for Medicare peer review made by the Health Care Financing Administration (HCFA) that have adverse or minimal effect on quality, and to change the prosective pricing system (PPS) so that complicated readmissions following earlier, related admissions are treated as single admissions. The House encouraged physicians to serve KePRO as reviewing physicians.

Dues

The House approved a dues increase of $25 for full-dues-paying, active members and proportionate increases for other categories of members. The increase, the first in six years, brings dues

Blues' HMO network largest geographically

The Blue Cross and Blue Shield Association has announced its HMO-USA network, made up of 62 plans, is geographically the largest HMO (Health Maintenance Organization) network in the United States.

Launched in 1983 with 890,000 members in 21 states, the HMO-USA network now has 2.6 million members in 35 states. Only Kaiser Foundation Health Plan, smaller in area than the Blues' network, has more members—4 million. The Blue's HMO-USA ranks second in number of members.

Maxicare Health Plans of Los Angeles, the firm that acquired HealthAmerica Corporation of Nashville, Tennessee, and Healthcare USA, is in second place geographically. These acquisitions have added about 1.2 million subscribers to Maxicare's previous enrollment of 850,000, making it third largest in number of members.

A spokesman for the Blue Cross and Blue Shield Association said HMO-USA is aimed at large, multi-state employers such as General Motors, United Airlines, Goodyear, and Greyhound Union Trust. Seymour Kaplan, executive director of the Blue's Alternative Delivery System, said by the end of 1987, HMO-USA plans will cover 80 percent of the population areas served by the Blue's regular plans.

A nationwide monitoring program to assess quality currently is being implemented. Under the program, HMO-USA enrollees are polled regularly to get their views of the quality and availability of care. Also under the program, medical teams perform peer review of patients' charts.

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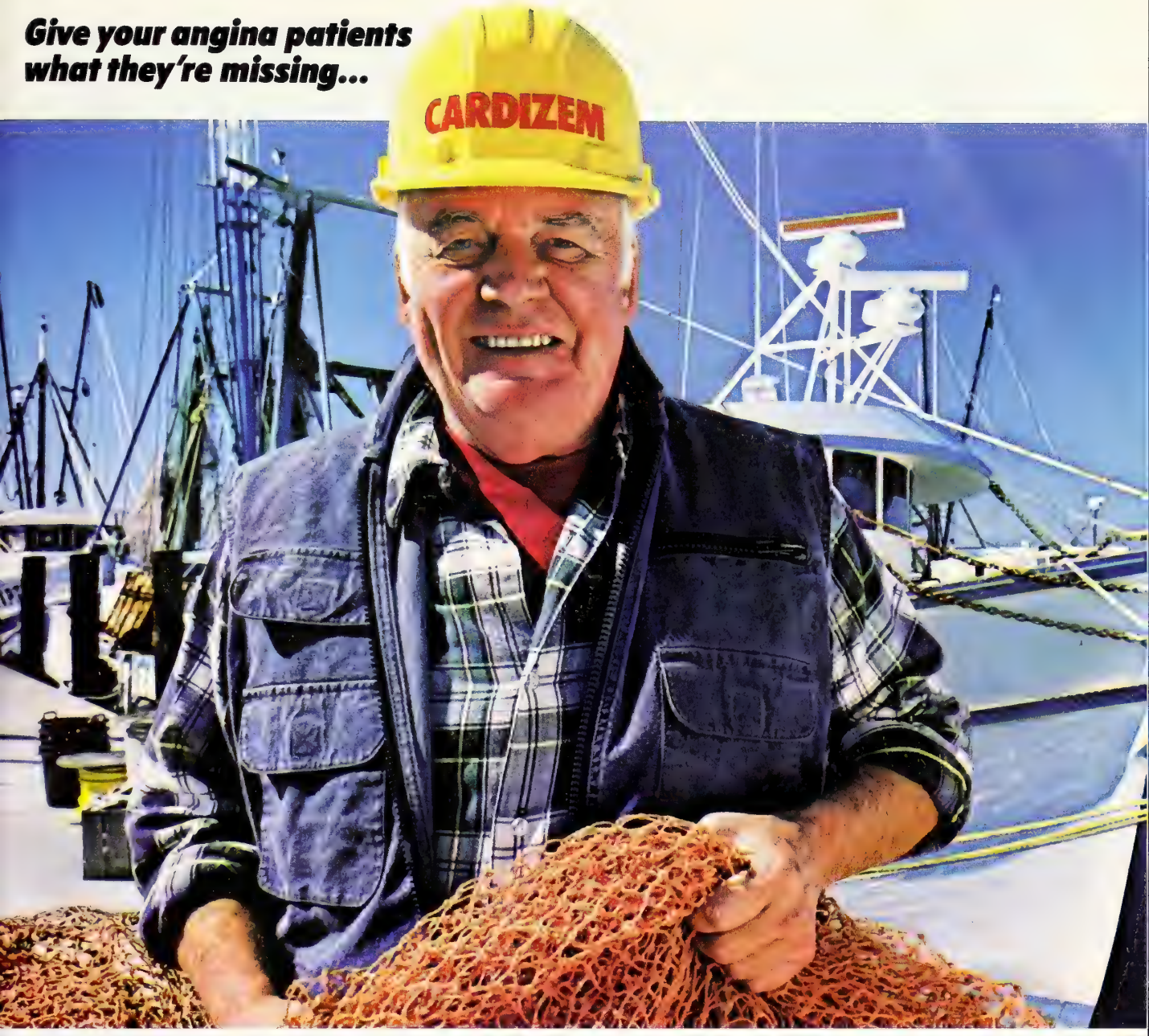

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***See Warnings and Precautions.**

Please see brief summary of prescribing information on the next page.

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60 mg tid or qid

Brief Summary
Professional Use Information

CARDIZEM®
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CONTRAINDICATIONS

CARDIZEM is contraindicated in (1) patients with sick sinus syndrome except in the presence of a functioning ventricular pacemaker, (2) patients with second- or third-degree AV block except in the presence of a functioning ventricular pacemaker, and (3) patients with hypotension (less than 90 mm Hg systolic).

WARNINGS

1. **Cardiac Conduction.** CARDIZEM prolongs AV node refractory periods without significantly prolonging sinus node recovery time, except in patients with sick sinus syndrome. This effect may rarely result in abnormally slow heart rates (particularly in patients with sick sinus syndrome) or second- or third-degree AV block (six of 1,243 patients for 0.48%). Concomitant use of diltiazem with beta-blockers or digitalis may result in additive effects on cardiac conduction. A patient with Prinzmetal's angina developed periods of asystole (2 to 5 seconds) after a single dose of 60 mg of diltiazem
2. **Congestive Heart Failure.** Although diltiazem has a negative inotropic effect in isolated animal tissue preparations, hemodynamic studies in humans with normal ventricular function have not shown a reduction in cardiac index nor consistent negative effects on contractility (dp/dt).
   Experience with the use of CARDIZEM alone or in combination with beta-blockers in patients with impaired ventricular function is very limited. Caution should be exercised when using the drug in such patients
3. **Hypotension.** Decreases in blood pressure associated with CARDIZEM therapy may occasionally result in symptomatic hypotension
4. **Acute Hepatic Injury.** In rare instances, significant elevations in enzymes such as alkaline phosphatase, CPK, LDH, SGOT, SGPT, and other symptoms consistent with acute hepatic injury have been noted. These reactions have been reversible upon discontinuation of drug therapy. The relationship to CARDIZEM is uncertain in most cases, but probable in some. (See PRECAUTIONS.)

PRECAUTIONS

General. CARDIZEM (diltiazem hydrochloride) is extensively metabolized by the liver and excreted by the kidneys and in bile. As with any new drug given over prolonged periods, laboratory parameters should be monitored at regular intervals. The drug should be used with caution in patients with impaired renal or hepatic function. In subacute and chronic dog and rat studies designed to produce toxicity, high doses of diltiazem were associated with hepatic damage. In special subacute hepatic studies, oral doses of 125 mg/kg and higher in rats were associated with histological changes in the liver which were reversible when the drug was discontinued. In dogs, doses of 20 mg/kg were also associated with hepatic changes; however, these changes were reversible with continued dosing

Drug Interaction. Pharmacologic studies indicate that there may be additive effects in prolonging AV conduction when using beta-blockers or digitalis concomitantly with CARDIZEM. (See WARNINGS.)

Controlled and uncontrolled domestic studies suggest that concomitant use of CARDIZEM and beta-blockers or digitalis is usually well tolerated. Available data are not sufficient, however, to predict the effects of concomitant treatment, particularly in patients with left ventricular dysfunction or cardiac conduction abnormalities. In healthy volunteers, diltiazem has been shown to increase serum digoxin levels up to 20%

Carcinogenesis, Mutagenesis, Impairment of Fertility. A 24-month study in rats and a 21-month study in mice showed no evidence of carcinogenicity. There was also no mutagenic response in in vitro bacterial tests. No intrinsic effect on fertility was observed in rats

Pregnancy. Category C. Reproduction studies have been conducted in mice, rats, and rabbits. Administration of doses ranging from five to ten times greater (on a mg/kg basis) than the daily recommended therapeutic dose has resulted in embryo and fetal lethality. These doses, in some studies, have been reported to cause skeletal abnormalities. In the perinatal/postnatal studies, there was some reduction in early individual pup weights and survival rates. There was an increased incidence of stillbirths at doses of 20 times the human dose or greater.

There are no well-controlled studies in pregnant women; therefore, use CARDIZEM in pregnant women only if the potential benefit justifies the potential risk to the fetus

Nursing Mothers. Diltiazem is excreted in human milk. One report suggests that concentrations in breast milk may approximate serum levels. If use of CARDIZEM is deemed essential, an alternative method of infant feeding should be instituted

Pediatric Use. Safety and effectiveness in children have not been established

ADVERSE REACTIONS

Serious adverse reactions have been rare in studies carried out to date, but it should be recognized that patients with impaired ventricular function and cardiac conduction abnormalities have usually been excluded

In domestic placebo-controlled trials, the incidence of adverse reactions reported during CARDIZEM therapy was not greater than that reported during placebo therapy

The following represent occurrences observed in clinical studies which can be at least reasonably associated with the pharmacology of calcium influx inhibition. In many cases, the relationship to CARDIZEM has not been established. The most common occurrences as well as their frequency of presentation are: edema (2.4%), headache (2.1%), nausea (1.9%), dizziness (1.5%), rash (1.3%), asthenia (1.2%). In addition, the following events were reported infrequently (less than 1%).

Cardiovascular:	Angina, arrhythmia, AV block (first degree), AV block (second or third degree — see conduction warning), bradycardia, congestive heart failure, flushing, hypotension, palpitations, syncope
Nervous System:	Amnesia, gait abnormality, hallucinations, insomnia, nervousness, paresthesia, personality change, somnolence, tinnitus, tremor
Gastrointestinal	Anorexia, constipation, diarrhea, dysgeusia, dyspepsia, mild elevations of alkaline phosphatase, SGOT, SGPT, and LDH (see hepatic warnings), vomiting, weight increase
Dermatologic:	Petechiae, pruritus, photosensitivity, urticaria
Other	Amblyopia, dyspnea, epistaxis, eye irritation, hyperglycemia, nasal congestion, nocturia, osteoarticular pain, polyuria, sexual difficulties

The following postmarketing events have been reported infrequently in patients receiving CARDIZEM alopecia, gingival hyperplasia, erythema multiforme, and leukopenia. However, a definitive cause and effect between these events and CARDIZEM therapy is yet to be established.

Issued 7/86

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References: 1. Pepine CJ, Feldman RL, Hill JA, et al Clinical outcome after treatment of rest angina with calcium blockers: Comparative experience during the initial year of therapy with diltiazem, nifedipine, and verapamil. Am Heart J 1983, 106(6):1341-1347 **2.** Shapiro W: Calcium channel blockers: Actions on the heart and uses in ischemic heart disease. Consultant 1984;24(Dec):150-159 **3.** Johnston DL, Lesoway R, Humen DP, et al: Clinical and hemodynamic evaluation of propranolol in combination with verapamil, nifedipine and diltiazem in exertional angina pectoris: A placebo-controlled, double-blind, randomized, crossover study. Am J Cardiol 1985;55 680-687 **4.** Cohn PF, Braunwald E: Chronic ischemic heart disease, in Braunwald E (ed) Heart Disease: A Textbook of Cardiovascular Medicine, ed 2. Philadelphia, WB Saunders Co, 1984, chap 39 **5.** Schroeder JS: Calcium and beta blockers in ischemic heart disease When to use which. Mod Med 1982;50(Sept) 94-116

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for the full-time, active category to $300, and balances a 1987 budget of nearly $6 million without cutting major programs. Of the full dues amount, a $10 allocation will go to the Educational and Scientific Trust to maintain the student loan program. Student dues remain at $5. For the second year, physicians will pay a $55 special mandatory assessment, approved by the House last year to cover the Public Education Program.

Education

The House approved the report of the Board calling for continued lobbying at the state level for funding for medical education. Delegates objected to the practice of substituting clinical experiences in U.S. institutions for the core curricula of foreign schools and voted to oppose legislation requiring placement of medical school students in hospitals that lack resources for supervised teaching of clinical medicine.

The House directed the Society's Committee on Long Range Assessment to study medical education in the Commonwealth and determine the effect of reinstituting the rotating internship as necessity for licensure.

Other actions

In other actions, the house voted to have the Society urge the state department of health to develop laboratory standards and guidelines for alpha fetoprotein testing, and supported this testing for Medicaid patients at risk. Delegates urged the State Board of Medicine and the State Board of osteopathic Medicine, in cases where they take formal action against a physician, to notify the chief executive officers and medical staff presidents at all the physician's institutions.

Delegates voted to have the Educational and Scientific Trust investigate the feasibility of offering lapel pins, tie tacks, and other items showing PMS membership as a method for raising funds, and asked the Board of Trustees to study the appropriateness of offering various additional membership benefits.

Delegates referred to the Board a resolution calling for corrective action if an excessive physician to population ratio is found to exist. Also referred for study was a resolution calling for legislation requiring prescriptions to be labeled with both generic and trade names.

Delegates asked the Pennsylvania Delegation to the AMA to revise and submit to the AMA House a resolution concerning the function of the Joint Commission on Accreditation of Hospitals.

Complete proceedings of the 1986 meeting of the House of Delegates will be published in the January 1987 issue of PENNSYLVANIA MEDICINE.

State publishes home health care regulations

State regulations covering the operation and licensure of home health care agencies in Pennsylvania have been completed by the Pennsylvania Department of Health and will take effect April 23, 1987. The regulations were published in their final form in the *Pennsylvania Bulletin* dated October 25, 1986.

First proposed in January 1985, the regulations cover the methods the state uses to certify the agencies for Medicare. According to Curtis Jennings, director of the Division of Primary Care and Home Health Services for the health department, the new regulations were drawn up so that all agencies, Medicare certified and others, will operate under similar standards.

Currently there are 300 home health care agencies operating in Pennsylvania that are Medicare certified and 50 to 60 more that are not certified. The department receives about ten inquiries a week for information about starting a new home health agency. These agencies provide skilled nursing and at least one therapeutic service—physical therapy, occupational therapy, speech pathology, social services, or home health aides—to disabled, aged, injured, or sick persons on a part-time basis in their homes.

There are a number of reasons for the increase in such agencies, most centered around attempts to control rising health care costs. "It is considerably less expensive for many patients to recuperate from operations and injuries at home and for the chronically ill and the elderly to be cared for in their own homes rather than in hospitals or nursing homes," Jennings said.

He said the regulations adopted with modification from the federal Medicare certification regulations are aimed at insuring that home health care agencies in Pennsylvania are reputable, well-run, and providing appropriate care in a quality fashion to patients.

"The majority are doing just that," he said. "Still, the regulations enable the Commonwealth to act promptly to correct problems or to revoke a license to operate."

Jennings said that following the proposed regulations in January, 1985, the health department received 27 letters of comment concerning their content. Twenty-six of the 27 supported the concept of the regulations. "Based on general support for the regulation of the agencies, together with legislative support for such a move, the department has decided to adopt these final regulations which require the licensure and control of home health agencies," Jennings said.

Pitt appoints new medical dean

George M. Bernier, MD, chairman of medicine at Dartmouth Medical School has been named dean of the University of Pittsburgh School of Medicine. The appointment becomes effective in January 1987.

Dr. Bernier replaces Donald Leon, MD, who resigned in June 1984. Since then the job has been filled by Thomas Detre, MD, senior vice president for health sciences at Pitt, who has been acting dean.

Dr. Bernier is Board certified in internal medicine with subspecialties in oncology and hematology. The selection of an oncology specialist for the post ties in with Pitt's interest in cancer research. The university has announced plans to set up a joint comprehensive cancer research and treatment center in conjunction with Carnegie Mellon University.

Before joining the faculty of Dartmouth in 1978, Dr. Bernier served as professor of medicine at Case Western Reserve University. Prior to that he was a research hematologist at Walter Reed Army Institute of Research.

Drs. Tyson, Harrop, Andriole lead PMS

The Society established a new chain of command at its Annual Meeting held October 17-19, 1986, in Pittsburgh. In a contest for the vice presidency, Gerald L. Andriole, MD, a urologist from Hazleton, won over Betty L. Cottle, MD, of Hollidaysburg. He will succeed to the presidency in 1988. R. Robert Tyson, MD, Philadelphia, was installed as president, and Donald E. Harrop, MD, Phoenixville, advanced to the office of president elect.

Dr. Andriole earned his medical degree at Loyola University of Chicago Stritch School of Medicine, after completing undergraduate studies at the University of Scranton. He served an internship at Scranton State Hospital and began his residency in urology at Metropolitan Hospital in New York. Dr. Andriole then served in the U.S. Army Medical Corps as a captain before completing his training at Rhode Island Hospital in Providence and Millard Fillmore Hospital in Buffalo, New York.

After a year of teaching at New York Medical College, Dr. Andriole entered private practice in Hazleton. He is Board certified in urology, and is a member of the American Urology Association and the American College of Surgeons.

Dr. Andriole has served organized medicine at all levels. He was president of the Hazleton branch of the Luzerne County Medical Society, and has been a delegate to the PMS House since 1974. At the state level, he served on a number of councils and commissions. He represented the Twelfth District on the PMS Board of Trustees from 1977 until 1985, serving as chairman of the Board's Finance Committee for two years. He is a member of the delegation to the AMA.

Dr. Tyson

Also at the Annual Meeting, delegates elected two new trustees. After adopting a bylaws change providing for a representative from the Hospital Medical Staff Section (HMSS) to join the Board of Trustees as a voting member, delegates chose Lee H. McCormick, MD, to fill that post. Bernie F. Kennetz Jr. was elected to represent the Medical Student Section on the Board of Trustees.

Dr. McCormick, a family practitioner from Pittsburgh, is chairman of the PMS-HMSS. He is affiliated with Braddock General Hospital and with Jefferson Hospital, where he is immediate past president of the medical staff. A graduate of the University of Pittsburgh School of Medicine, he completed his residency at Montefiore Hospital, Pittsburgh.

Kennetz is a first year student at the University of Pittsburgh School of Medicine. The House passed a resolution submitted by the Medical Student Section limiting the term of the medical student trustee to one year and opening the position only to students who would not graduate before the term was over. The medical student representative does not have voting privileges on the Board.

Four trustees were reelected. John Helwig Jr., MD, Philadelphia, was reelected to represent the First District; John H. Hobart, MD, Easton, to represent the Third District; Robert N. Moyers, MD, Meadville, to represent the Eighth District; and David L. Miller, MD, to represent the Ninth District.

James A. Raub, MD, Sewickley, was reelected speaker of the House, and Jonathan E. Rhoads Jr., MD, York, was reelected vice speaker. Kenneth L. Cooper, MD, Williamsport, was reelected a member of the Judicial Council. Delegates elected Eugene W. Herron, MD, Delmont, to serve on the Committee to Nominate Delegates and Alternates to the American Medical Association.

The House chose eight physicians for

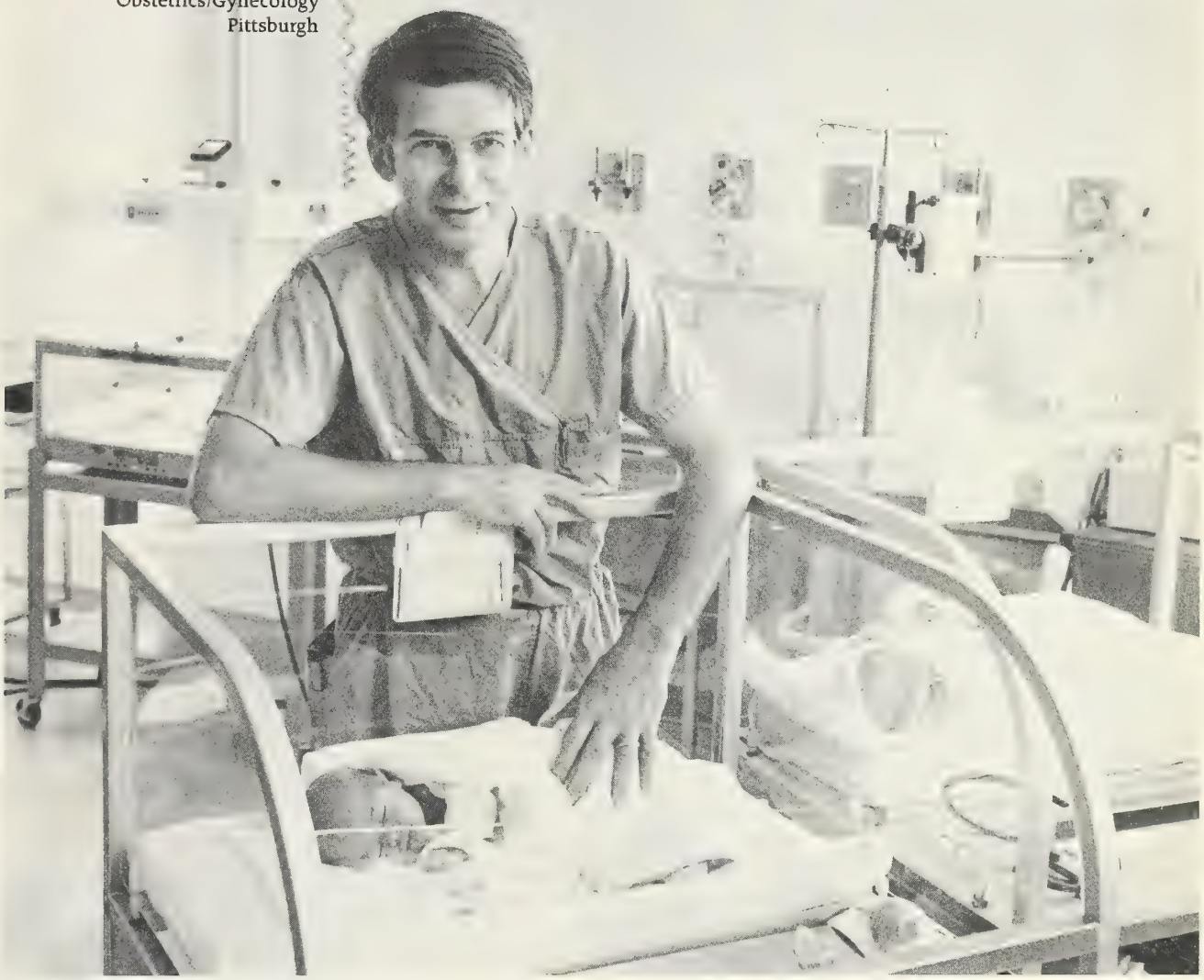
Dr. Andriole, right, with R. William Alexander, MD

Dr. McCormick

Bernie Kennetz

"PMSLIC has the answers I need."

Robert Ford, M.D.
Obstetrics/Gynecology
Pittsburgh



The threat of litigation has driven many obstetricians from the field. But not Dr. Ford. Bolstered by PMSLIC's risk management efforts, he's secure in the knowledge that he's doing all he can to reduce malpractice risk. "Addressing the specific risks of a specialty is the key," he notes.

Because the PMSLIC Risk Management staff determined that the "negligent delivery of an infant with a neurologic deficit" is one of the most common and most costly allegations against PMSLIC-insured obstetricians, a letter was sent to them suggesting that samples of placental tissue be retained in certain instances. Dr. Ford was glad to incorporate this in his practice after learning that placental tissue analysis could be a key element in his successful defense should a malpractice claim subsequently arise.

Observes Dr. Ford: "PMSLIC has shown the obstetricians of this state that they really have someone in their corner when it comes to avoiding liability." To get that support for your practice, call toll-free: 1-800-445-1212.

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two-year terms as delegates to the AMA: R. William Alexander, MD (Berks County); Doris G. Bartuska, MD (Philadelphia County); Betty L. Cottle, MD (Blair County); James B. Donaldson, MD (Philadelphia County); Raymond C. Grandon, MD (Dauphin County); Charles A. Heisterkamp III, MD (Lancaster County); Donald E. Parlee, MD (Bucks County); and Irving Williams III, MD (Union County). Two physicians were elected to serve one-year terms as delegates. They are: Donald C. Brown, MD (Westmoreland County); and Timothy J. Michals, MD (Philadelphia County).

Eight physicians were elected to serve two-year terms as alternate delegates to the AMA: Susan H. Bray, MD (Philadelphia County); Victor F. Greco, MD (Luzerne County); Robert L. Lasher, MD (Erie County); William H. Mahood, MD (Montgomery County); John S. Parker, MD (Westmoreland County); Jonathan E. Rhoads Jr., MD (York County); Howard A. Richter, MD (Delaware County); and Gordon K. MacLeod, MD (Allegheny County). Two physicians will serve one-year terms as alternate delegates. They are: Cynthia Altman Weinstein, MD (Philadelphia County); and Michael J. Prendergast, MD (York County).

At a reorganizational meeting following the House sessions, the Society's Board of Trustees reelected J. Joseph Danyo, MD, York, chairman. Robert N. Moyers, MD, Meadville, was reelected vice chairman of the Board and John H. Hobart, MD, Easton, was reelected secretary of the Society.

A complete directory of the Society's officers and council and committee members will be published in the January 1987 issue.

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Trust awards $480,500

In 1986, the Pennsylvania Medical Society's Educational and Scientific Trust awarded a total of $480,500 in loans to students in medical and allied health fields. Of that total, $17,500 went to eight students who are children of deceased or disabled physicians.

This year the Trust provided 223 loans to medical students for a total value of $432,750. In 1985, 234 medical students received loans totaling $415,000.

In 1986, the Trust provided 50 loans to allied health students for a total of $47,750. Last year a total of $58,100 was divided among 64 allied health students. The decrease was attributed to the receipt of fewer applications for loans for allied health training.

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Dr. Tyson lists areas for action in 1987

In his inaugural address at the opening session of the 1986 meeting of the PMS House of Delegates, the Society's new president, R. Robert Tyson, MD, recommended further action aimed at limiting tort law's scope and suggested ways to increase the effectiveness of the Society's delegation to the American Medical Association. A surgeon from Philadelphia, now residing in Rome, Pennsylvania, Dr. Tyson became the Society's 137th president at the meeting, held October 17-19 in Pittsburgh.

"As advocates and advisors to our patients, it is our duty to tell them about the current threat the liability problem poses to their health," Dr. Tyson said. "In addition to what we are already doing to encourage tort reform, we must start an all-member campaign to enlist the public's support on these issues, and inform people of the threat the liability crisis presents to this Commonwealth as well as to the rest of the country."

Dr. Tyson said seeking tort reform must continue to be the major goal of PMS, and that the Society's day of grass roots lobbying, September 16, showed the legislature that physicians are united on this issue. The regional mass meetings were successful as a first step, he said, and now more work must be done to signal the General Assembly that reforms in the tort system are needed.

Besides recommending each physican talk with patients about liability, Dr. Tyson suggested the House give latitude to the Society's negotiating team. "I think under the current circumstances we will have to go back to the bargaining table again," he said, adding that when the time comes, the Society's representatives will need negotiating chips, so that when some items are given up, the final bill will still remedy the problems. He urged the Society not to accept a bill unless it provides "'significant relief" of the problems associated with professional liability. He also recommended the Society postpone any attempt to eliminate the mandatory insurance provision of Act 111.

In preparing himself to assume the office of president of the Society, Dr. Tyson announced his resignation from the state's delegation to the AMA so that he would be able to make objective recommendations about the function of the delegation.

He suggested, in order to increase Pennsylvania's voice at the national level, that the Society choose "team players," who would be eligible for election or appointment to positions in the AMA. He urged the House to heed the advice of the nominating committee when considering candidates for positions on the delegation. Dr. Tyson recommended the chairman and vice chairman of the delegation be appointed and said the function of the delegation should be converted from a part-time to a year-round responsibility. The group's final decisions should be made by delegates, after they receive proposals from alternates, he said. The PMS House voted to have its AMA delegation study Dr. Tyson's suggestions.

In addition to his comments on tort reform and the organization of the AMA delegation, Dr. Tyson recommended that:

- Every member of the PMS House of Delegates contribute to PaMPAC (Pennsylvania Medical Political Action Committee);
- Physicians and spouses become active in their legislator's campaigns;
- PMS seek to have physicians involved in the evaluation of data collected by the newly established cost containment council;
- Physicians become involved in the "buy right program," endorsed by the Pennsylvania Chamber of Commerce and being tested in five areas across the state.

Copies of Dr. Tyson's speech are available on request from the Pennsylvania Medical Society.

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Dr. Alexander surveys past year, prospects

In his farewell address to the PMS House of Delegates, R. William Alexander, MD, immediate past president, assessed the year's action on the professional liability front, and called for the future development of specific member benefits.

Surveying efforts made this year to modify the state's tort system, Dr. Alexander said the most significant accomplishment was the formation of grass roots lobbying teams. Organizing the network of members to campaign for tort reform on the local level and introducing a model medical liability reform bill in the House of Representatives were important steps, he added.

"When this House of Delegates met in Philadelphia a year ago and addressed the professional liability problem, we knew a long and difficult journey lay before us," Dr. Alexander said. "Now, we are like a mighty army laying siege to a walled city. Although we have mounted a spirited campaign, we have not yet gained victory.

"The wave of change is on our side," he continued. "All across the nation, reform is occurring. It is only a matter of time, and the greater the resistance, the more dramatic and sweeping the reforms will be when they finally come to Pennsylvania." He called for physicians to "renew their energies" for continued work in this area in 1987.

Dr. Alexander recommended the Society investigate the feasibility of offering to members a number of additional benefits, including conferences and seminars on hospital medical staff matters, an office technology center that tests and rates new equipment, a hotline for questions about equipment and software, additional sections to incorporate new groups of physicians into organized medicine, and specialized newsletters on various topics.

Also, he suggested PMS consider using its computer capability to store all statistical data on the practice of medicine in Pennsylvania. "We should become the acknowledged source of information on medical economics in the Commonwealth," he said. He suggested making available, for members' use on personal computers, data on medical economics and marketing. Dr. Alexander said the Society should consider developing electronic bulletin boards and forming groups for users of office computer systems. In order to determine what other services would be valuable to members, Dr. Alexander recommended polling physicians.

Other recommendations made by Dr. Alexander were:

- The Society should continue to support the Keystone Peer Review program;
- County medical societies should form liaisons with people in the community;
- County medical societies should form liaisons with each hospital medical staff in the county.

Dr. Alexander commended all members of councils, commissions, and committees. "The extent to which PMS is useful and successful is in direct relationship to the contributions of its volunteer leaders and the time and service they give to the organization," he said.

Copies of Dr. Alexander's speech are available on request from the Pennsylvania Medical Society.

Dr. Evarts new dean at Hershey

C. McCollister Evarts, MD, has been named senior vice president for health affairs and dean of the Pennsylvania State University's School of Medicine, Hershey.

Dr. Evarts is chairman of the department of orthopedic surgery and vice president for medical center development at the University of Rochester, New York.

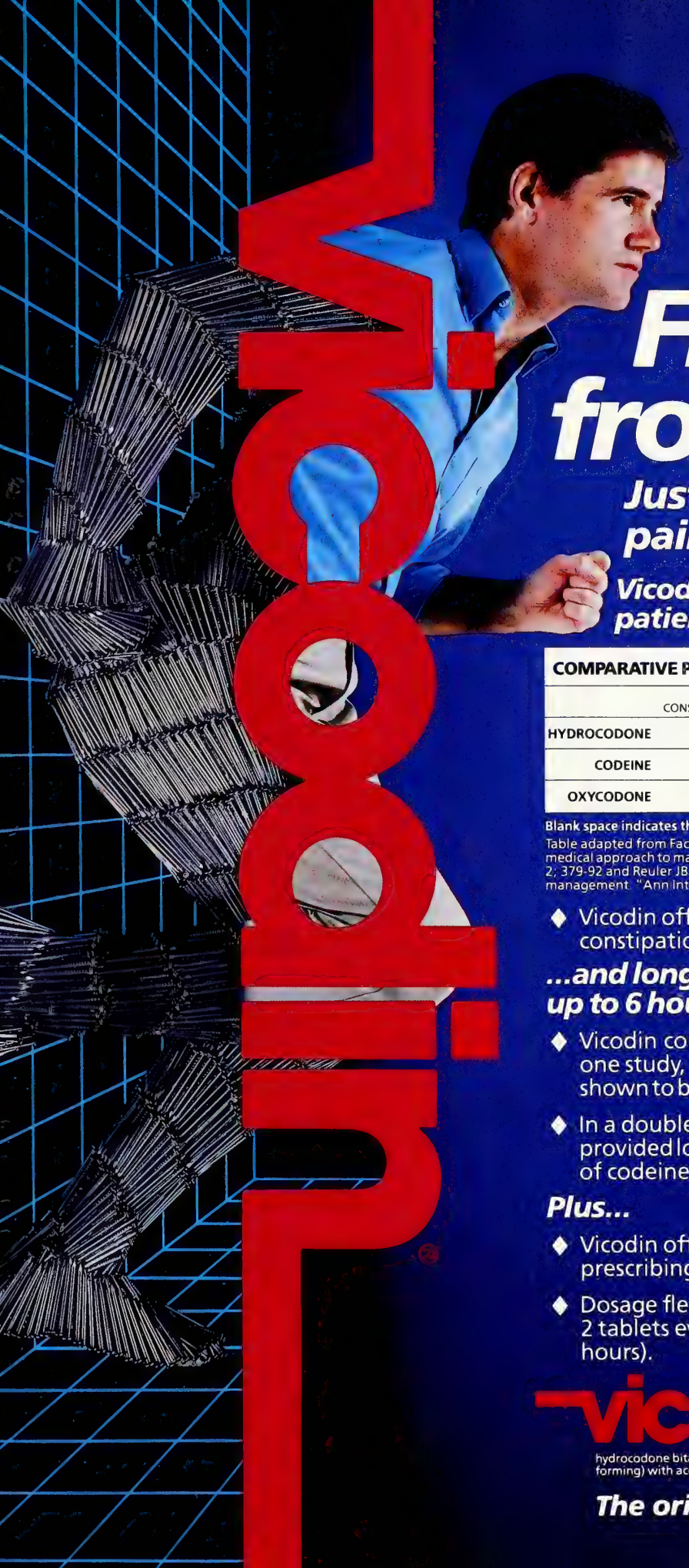
Currently president of the American Board of Orthopedic Surgery, Dr. Evarts has also been president of the American Orthopedic Association. He has written more than 150 papers on topics in orthopedic surgery.

Dr. Evarts succeeds Harry Prystowsky, MD, who retired after 13 years as dean of the university's medical school.

Deductibility of membership dues

The Tax Reform Act of 1986, passed by Congress and signed by President Reagan in October, provides for extensive revision of the tax laws. One area affected is that of business expenses, including deductions for dues for memberships in professional organizations. Certified Public Accountants KMG Main Hurdman prepared the following table to show changes in deductibility of professional dues under the new tax law.

Situation	Previous law	New law
Employed physician who pays dues	Deductible as miscellaneous deduction on Schedule A of Form 1040.	Deductible as miscellaneous deduction on Schedule A of Form 1040. Subject to floor of 2 percent of adjusted gross income.
Employed physician whose employer pays dues	Deductible by employer as ordinary and necessary business expense. Not taxable to employee as working condition fringe benefit.	No change.
Self-employed physician Incorporated	Deductible in full by corporation as ordinary and necessary business expense. Not taxable by physician.	No change.
Self-employed physician Not incorporated	Deductible as ordinary and necessary business expense on Schedule C of Form 1040.	No change.



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OXYCODONE	XX	XX	XX	XX	XX

Blank space indicates that no such activity has been reported.

Table adapted from Facts and Comparisons (Nov.) 1984 and Catalano RB. The medical approach to management of pain caused by cancer. "Semin Oncol" 1975; 2; 379-92 and Reuler JB, et. al. The chronic pain syndrome: misconceptions and management. "Ann Intern Med" 1980; 93; 588-96.

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Information For Patients: VICODIN, like all narcotics, may impair the mental and/or physical abilities required for the performance of potentially hazardous tasks such as driving a car or operating machinery; patients should be cautioned accordingly
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Pediatric Use: Safety and effectiveness in children have not been established
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Revised, April 1982 5685

1. Hopkinson JH III: *Curr Ther Res* 24: 503-516, 1978
2. Beaver, WT *Arch Intern Med,* 141:293-300, 1981

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Cost containment council activated

Beryl Kuhr, Esq.

Act 89 of 1986, the Health Care Cost Containment Act signed July 8 by Governor Dick Thornburgh, moved a step closer to full effectiveness on November 5. That was the date of the first meeting of the independent council created by Act 89 to collect and disseminate information on the cost and quality of health care services in the Commonwealth.

The 21-member council includes the secretary of health, the secretary of public welfare, the insurance commissioner, six representatives of organized labor and six representatives of business, chosen from candidates nominated respectively by the Pennsylvania Chamber of Business and Industry and the Pennsylvania AFL-CIO, but named by the president pro tempore of the Senate and the speaker of the House of Representatives, and six appointees of the governor, representing hospitals, physicians, HMOs, the Blue Cross/Blue Shield Plans, the commercial insurance industry, and consumers.

Timothy J. Michals, MD, Philadelphia psychiatrist nominated by the Pennsylvania Medical Society, was appointed to represent physicians on the council. The complete list of council members appears elsewhere on this page.

The goals and purposes of the Act and the duties and responsibilities of the Health Care Cost Containment Council are outlined below.

Purpose of Act 89

The purposes of the Health Care Cost Containment Act of 1986 are:

- To create the Health Care Cost Containment Council;
- To encourage the development of competitive health care services;
- To provide data and information on the cost and quality of health care services to the purchasers and consumers of health care;
- To study the problem of indigent care;
- To create a Mandated Benefits Review Panel.

The author is staff attorney for the Pennsylvania Medical Society.

Structure of the council

The 21-member council is independent.

Members shall not receive a salary, but shall be reimbursed for expenses.

Members shall serve no more than two full consecutive terms of three years each.

The secretary of health, the secretary of public welfare, and the insurance commissioner shall serve terms concurrent with their holding of public office.

Powers and duties of the council

The Act empowers the council as follows:

- To employ staff, prescribe the duties, and fix the compensation of those staff members;
- To execute contracts for services, equipment, and supplies;
- To conduct examinations, investigations, and to hear testimony and take proof at hearings;
- To promulgate rules and regulations;
- To audit all information required to be submitted by data sources to corroborate the accuracy of that data;
- To develop a computerized system for the collection, analysis, and dissemination of data;
- To establish a Pennsylvania Uniform Claims and Billing Form;
- To develop a methodology for the collection and dissemination of data reflecting provider quality and provider service effectiveness;
- To issue special reports and make raw data available to any purchaser who requests it;
- To report annually to the General Assembly regarding the rate of increases in the cost of health care;
- To study the impact of alternative

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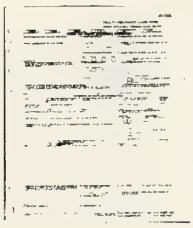

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health care delivery systems on health care costs;

Data submission and collection

• The following sources are required to submit data to the council as requested:

Hospitals
Ambulatory service facilities
Physicians
Health maintenance organizations
Blue Cross plans
Blue Shield plans
Commercial insurers
Self-insured employers
Health and welfare funds
Department of Public Welfare

The Pennsylvania Uniform Claims and Billing Form shall be utilized and maintained by all data sources for all services covered by the act.

Covered services are defined as any health care service or procedure connected with episodes of illness that require either inpatient hospital care or major ambulatory service, including any initial and follow-up outpatient services associated with the episode of illness.

For each covered service, the council shall collect the following information:

- Uniform patient identifier,
- Patient date of birth,
- Patient sex,
- Patient zip code,
- Date of admission,
- Date of discharge,
- Principal and secondary diagnoses,
- Principal and secondary procedures,
- Uniform health care facility identifier,
- Uniform identifier of admitting physician,
- Uniform identifier of consulting physician,
- Total charges of health care facility,
- Actual payments to health care facility,
- Charges of each physician or professional rendering service,
- Actual payments to each physician or professional,
- Uniform identifier of primary payor,
- Zip code of health care facility where service was rendered,
- Uniform identifier for payor group contract number,
- Patient discharge status,
- Provider service effectiveness and provider quality.

In order to collect data on provider quality and service effectiveness, the council may adopt a nationally recognized methodology until it develops its own methodology. The council also may require data sources to submit information in addition to that listed above.

Hospitals and ambulatory service facilities must submit audited annual financial reports.

All providers must submit medicare cost reports.

The council shall collect other data which can be used to provide the following:

- Incidence of medical and surgical procedures for individual providers,
- Names of physicians who accept Medical Assistance patients,
- Names of physicians who accept Medicare assignment,
- Status of licensure and accreditation of hospitals and ambulatory service facilities,
- Mortality rates, infection rates, morbidity rates, readmission rates for individual providers.
- Rates of post discharge professional care for individual providers.

Clarification or dissents

The council shall maintain a file of written statements from data sources who wish to provide an explanation of data that they believe might be misleading or misinterpreted.

The council, when practical, shall indicate in its reports and files, that such statements are available.

The council shall provide any person access to the file of such statements.

Data dissemination and publication

The council shall prepare and issue reports to the General Assembly and the general public as follows:

- Comparisons among all providers of payments received, charges, population based admission or incidence rates, and provider service effectiveness (Each provider shall be identified by name);
- Comparisons among providers, except physicians, of inpatient charges, outpatient charges, room and board charges, charges for drugs, ancillary

Health Care Cost Containment Council Members

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Simpson, Harberger & Balph, Inc., Willow Grove

Charles McKay
Lehigh Valley Business Conference on Health Care, Lehigh Valley

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Morris Coupling Co., Erie

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First Eastern Bank, Wilkes-Barre

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Red Lion Tours, Inc., Red Lion

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services, supplies, and equipment (Each facility shall be identified by name);

• Comparisons among all providers of charges and payments, readmission rates, mortality rates, morbidity rates, and infection rates (Providers shall be identified by name but when a methodology to measure provider quality and service effectiveness is adopted, this comparison may be discontinued);

• Reports of the incidence rate of selected procedures, of provider service effectiveness, of payments received, for those providers whose data in these areas varies significantly from the norm of all providers (Providers shall be identified by name);

• Council reports shall identify factors beyond a provider's control that increase provider cost or reduce provider competitiveness in the market place.

• Council reports shall be published in the *Pennsylvania Bulletin* and in at least one newspaper of general circulation in each region of the Commonwealth.

Health care for the medically indigent

The council shall study the medically indigent population, the magnitude of uncompensated care for that population, the access of that population to appropriate care, the types of providers who provide indigent care and the cost of that care.

The council shall define the medically indigent population and shall determine the most appropriate method for delivery of appropriate health care services to them.

The council shall develop a plan for an ongoing program to provide health care services to the indigent and shall present that plan to the governor and General Assembly on or before July 1, 1988.

Mandated health benefits

The council shall contract with three senior researchers (a health researcher, a biostatistician, and an economics researcher) who shall be the Mandated Benefits Review Panel.

The panel shall, when requested, review mandated benefits proposals and provide independently certified documentation to the council regarding the social, economic, and medical impact of the proposed mandated benefit.

Access to council data

The council shall not release raw data that:

• Does not contain payment and provider quality information;

• Reveals the identity of a patient;

• Reveals the identity of a purchaser except when the purchaser requests data about its own group;

• Reveals actual payments to a provider by a purchaser unless the purchaser requests data about services for which it paid;

• Reveals discounts or differentials between payments accepted by providers.

Penalties

A person who knowingly releases council data violating the patient confidentiality, actual payments, discount data, or raw data safeguards commits a misdemeanor of the first degree, punishable by up to five years in prison or a $10,000 fine, or both.

An unauthorized person who knowingly receives or possesses such data also commits a misdemeanor of the first degree.

A person who fails to supply required data commits a misdemeanor of the first degree.

Grievances

The council shall establish procedures for the filing, hearing, and adjudication of grievances of any data source against the council.

Antitrust

Data sources and recipients are deemed to be acting pursuant to state requirements and shall be exempt from antitrust claims.

Appropriations

$1,850,000 is appropriated to the council for the fiscal year ending June 30, 1987.

Sunset

The Act expires on December 31, 1992 unless it is reestablished prior to that date.

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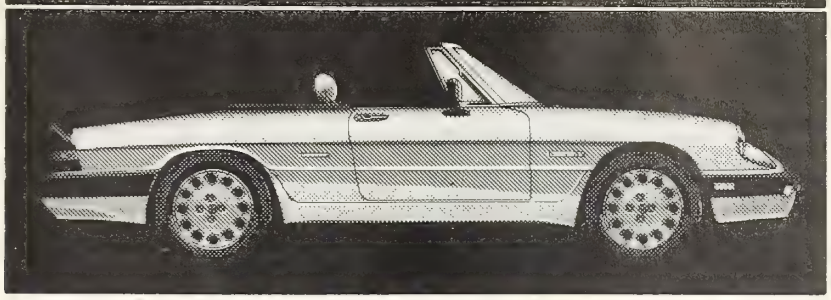

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medical feature

Genesis of generic drugs

Benjamin Calesnick, MD
Lloyd A. Kreider, RPh
Annette Dinan

For a number of years there has been interest in reducing expenditures for prescription drugs. On April 1, 1968, Oklahoma became the first state to adopt a drug product selection (DPS) law. Since then, most of the other states have adopted various types of DPS laws. The Pennsylvania DPS law was effected on June 25, 1977. The purpose of these laws is to lower average prescription prices by encouraging substitution of lower-priced generic drugs for brand name products. The total savings nationally due to the DPS laws is estimated to have been $44 to $80 million in 1980. The pharmacological basis of generic substitution is the demonstration by carefully controlled studies that the products to be interchanged have similar bioavailability and thus may be considered bioequivalent.

Bioavailability is a concept based on the assumption that measurements of serial blood or urine concentrations of a drug, following administration, can be correlated with the clinical efficacy of that drug. This application of the concept of bioavailability has been termed "bioequivalence" and a bioavailability study comparing two or more different formulations of the same parent drug (one of which is an acceptable standard) is called a bioequivalence study.

Pursuing this concept in more detail, let us examine an ordinary blood drug level curve (Figure 1) produced following oral administration of a drug. If a medication is administered and serial blood samples are taken and analyzed for drug content and the values obtained are plotted on ordinary graph paper, the result is a blood concentration-time curve. The vertical axis of the plot represents the concentration of the drug in the blood (or serum or plasma) and the horizontal axis depicts the time after drug administration that the samples were taken.

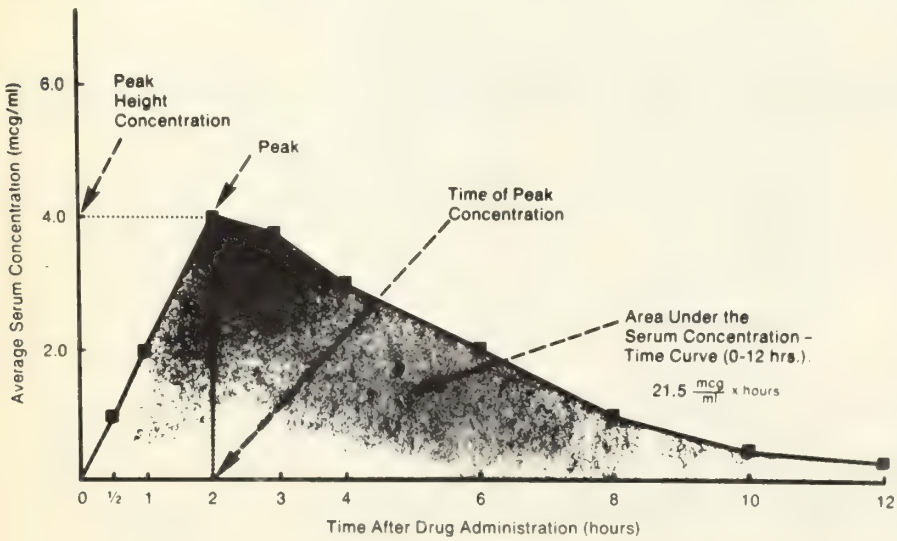
The drug is administered at time zero and, at that time, the drug concentration should be zero. As the drug passes into the stomach and intestine, the dosage form disintegrates, the drug eventually dissolves, and absorption ensues. Increasing concentrations of the drug are found as sampling continues, until the maximum concentration in the blood is achieved. This point of maximum concentration is called the "peak" of the serum concentration-time curve.

There are three parameters describing a single-dose blood level curve that are considered important for comparison in evaluating the bioequivalence of two formulations of the same parent drug. These parameters are:

1. *Peak height (CMAX)*—The height of the peak of the curve in terms of concentration in the blood obviously represents the highest blood concentration achieved after oral administration of that drug.

2. *Time of the peak (TMAX)*—The second parameter of importance is the measurement of the length of time necessary to achieve the maximum concentration after drug administration. This

Figure 1. **A drug-blood level curve following oral administration of a drug. The parameters important in evaluating the bioavailability of this drug are: (1) peak height concentration, (2) time of peak concentration, and (3) area under the serum concentration time curve. (Reproduced from "Basics of Bioavailability" by D. J. Chodos, MD, and A. R. Santo, MD, published in 1973.)**



Dr. Calesnick is professor of pharmacology and medicine at Hahnemann University School of Medicine and chairman of the Commission on Therapeutic and Toxic Substances of PMS. Dr. Kreider is formulary coordinator for the Division of Drugs, Devices and Cosmetics of the state Department of Health. Ms. Dinan is research coordinator for the division of human pharmacology of Hahnemann University.

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4:30 p.m.	Imaging *Gary S. Mintz M.D.*
5 p.m.	Pre-Op Management *Ronald S. Pennock M.D.*
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time is called the "time of the peak blood (serum, etc.) concentration."

3. *Area under the serum concentration (AUC)-time curve*—The third, and perhaps most important parameter for evaluation, is the area under the blood concentration-time curve. This measurement can be considered representative of the amount of drug absorbed following the administration of a single dose of that drug.

In order to conduct bioavailability studies, drug manufacturers perform crossover testing of drugs under carefully controlled conditions, on healthy, ambulatory subjects, usually males, who are between 18 to 50 years of age. Each study involves 10 to 30 subjects and both the generic and brand name products are tested for the absorption in each individual during different phases of the study. Unfortunately, the present guidelines have no provision to determine bioequivalency in individuals over 65 years of age.

In order to determine bioequivalence, the three bioavailability parameters for the generic and brand name product are compared. Because of the differences found in these comparative studies, a problem arises: How much difference is acceptable between any two formulations of the same parent drug without jeopardizing therapeutic equivalence? The percentage of difference permitted by the Food and Drug Administration depends on the drug under consideration. The FDA may permit as much as 20% or as little as 10% difference in the average AUC, CMAX, and TMAX values. The FDA also requires that each comparative bioavailability study have the ability to detect a 20% difference as statistically significant i.e. a test power of 0.8.

In Pennsylvania the "75/75" guidelines are part of the evaluation of bioavailability studies. The 75/75 guidelines are applied to individual subject data for AUCs and often also to CMAX and TMAX, if appropriate. The basic premise behind these guidelines is that if two products are bioequivalent, they should produce AUC, CMAX, and TMAX values within 25% of each other (i.e. 75% to 125%) when administered to the same subject in a controlled, two-way crossover bioavailability study. According to the Food and Drug Administration guidelines, 75% of all subjects should fall within this 75% to 125% range.

There is a widespread misconception that the 75/75 rule, in effect, sanctions a ±25% (or a maximum of 50% difference) between the generic and trade name products that are considered bioequivalent by the Food and Drug Administration, since, in theory two drugs at the extreme ends of the 75% to 125% range could be interchanged. This assumes, however, that the same formulation, either the trade name or the generic product, shows the same bioavailability profile in the same individual on each occasion the drug is administered. Such may not always be the case, particularly for those drugs that are metabolized extensively by the liver (i.e. those with a high "first-pass" metabolism). For example, comparison of the bioavailability data of a commonly used brand name phenothiazine tranquilizer in the same subject on different occasions revealed such wide variations in the blood concentrations of the parent compound and its active metabolites that it would fail the 75/75 rule if tested against itself.

In practice, the 75/75 guidelines are occasionally modified for certain drugs. For example, in the case of an antibiotic such as doxycycline hyclate where higher blood levels are not likely to produce toxicity, all AUC ratios that are *at least* 75%, including those that are greater than 125%, are considered acceptable. This is useful to the review process, since the newer generic formulations are often more bioavailable than the older trade name products and may produce higher AUC and CMAX values resulting in ratios higher than 125%.

Experiences, such as discussed above, have shown that strict applications of the 75/75 rule often are not useful in evaluating the results of bioavailability studies. Therefore, the Division of Bioequivalence of the Food and Drug Administration, which evaluates the results of generic drug bioavailability studies, is in the process of phasing out the 75/75 rule and will rely in the future only on those tests that can be defended on a statistical basis.

The outcome of the Pennsylvania review process may differ from the Food and Drug Administration review of the same drug. Clinical judgment is an important component of the Pennsylvania review process. Occasionally, differences in opinion arise regarding the clinical significance of variations between the test and reference drugs. In such cases the more conservative clinical interpretations are adopted by the state's technical advisory committee in the interest of patient safety.

In addition, deficiencies in the study design or analytical methodology occasionally are found during the review process, resulting in disapproval of the application if the deficiencies cannot be corrected. In other instances, problems may be discovered through frequent discussions with Food and Drug Administration scientists, such as batch to batch variations for certain drugs that complicate interpretation of bioavailability studies. Both brand name and generic products must be manufactured in conformity with the same FDA guidelines. Although the generic drug review process in Pennsylvania requires considerable effort, the quality of the formulary resulting from the process justifies the effort.

The review of bioavailability studies submitted to the state's Division of Drugs, Devices and Cosmetics begins with a review and an overall evaluation of the report. Study design, procedures and methods used, results and conclusions are evaluated by pharmacologists who prepare a concise summary and analysis of the report which, together with a recommendation, is submitted to the technical advisory committee (TAC) for its consideration. The TAC includes experts in the fields of pharmacy, biopharmaceutics, pharmacokinetics, clinical pharmacology, and medicine. These reports and other information as may be necessary are carefully studied to arrive at a recommendation, given to the board of the Drug, Device and Cosmetic Division. If a drug is approved, the Pennsylvania Department of Health publishes this information in the Pennsylvania Generic Drug Formulary (PGDF). *Generic substitution* for a brand name drug is permissible only when the generic drug is listed in this formulary. However, at this time, prescriptions *written generically* may be filled with any available product whether or not it is listed in this formulary.

In September of 1984, President Reagan signed the Drug Price Competition and Patent Term Restoration Act which provides for expeditious approval by the Food and Drug Administration of generic formulations of brand name drugs. This law will probably expand the generic drug market by more than $2 billion a year. As might be ex-

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Friday and Saturday
March 13 and 14, 1987

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Wednesday, March 18, 1987

Physician Office Lab
Wednesday or Thursday
April 1 or 2, 1987

Second Annual Horizons in Cardiac Rehabilitation
Friday and Saturday
April 10 and 11, 1987
Sheraton Inn, Danville

Advances in Dermatology
Wednesday, April 15, 1987

Update in Otolaryngology
Thursday, April 16, 1987

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Wednesday, May 6, 1987
Sheraton Inn, Danville

Problems in Maternal Fetal Medicine
Wednesday, May 13, 1987

First Annual Summer Update in Clinical Medicine
Wednesday-Friday
June 17-19, 1987
Hilton Head, South Carolina

Advanced Trauma Life Support Provider Course
Friday and Saturday
September 11 and 12, 1987

Advanced Trauma Life Support Provider Course
Friday and Saturday
November 13 and 14, 1987

Second Annual Christmas Symposium in Pediatric Immunological and Respiratory Illnesses and Therapies (S.P.I.R.I.T.)
Monday-Wednesday, December 28-30, 1987
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pected, the expansion of competition in the prescription drug market has caused a reaction on the part of some brand name drug manufacturers. There have been many allegations from a wide variety of sources regarding the merits and equivalency of generic drugs. The Food and Drug Administration has not found any of the allegations raised thus far to be valid. Just as the FDA has an obligation to investigate such reports, it has an obligation to make known to health care professionals and to the public its conclusions that false or misleading reports are generated. These controversies are discussed by FDA officials in a recent article published in the April 1986 issue of the newsletter of the National Association of Boards of Pharmacy (NABP).

Many senior citizens are interested in generic drugs because of the potential to conserve their fixed incomes. A bioequivalent generic product could save them money. The Pennsylvania Generic Drug Law states that the pharmacist must, if the physician allows and the patient agrees, substitute a lower priced generic equivalent in stock. The statute expressly protects both the physician and dispensing pharmacist from increased liability when substitution is authorized.

This legal protection is complemented by the exhaustive scientific review of drug products to ensure they are bioequivalent before they are admitted to the formulary. Under these safeguards prescribing physicians may be satisfied when they permit generic drug substitution for a patient's prescription. □

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Moderator: Richard Helfant, M.D.
3 p.m.

Clinical Findings in Acute and Chronic Pericarditis: Echocardiographic, M.R.I., and Hemodynamic Observations—*Jan Weber, M.D.*

Endocarditis: Clinical Presentation and Drug Therapy—*Richard McCloskey, M.D.*

Case Presentations—*Vanessa Lucarella, M.D.*

Surgical Management for Patients with Pericardial Disease—*Gerald Lemole, M.D.*

Surgery for Complications of Endocarditis—*Paschal Spagna, M.D.*

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physicians in the news

Norman Wolmark, MD, has been appointed surgeon-in-chief of Montefiore Hospital, Pittsburgh. Dr. Wolmark is director of surgical oncology at the University of Pittsburgh School of Medicine, associate director of the Pittsburgh Cancer Institute, and executive medical officer of the National Institutes of Health Surgical Adjuvant Project for Breast and Bowel Cancer.

Bruce L. Thomas, MD, Huntingdon, has been elected president of the Pennsylvania Society of Internal Medicine. Other officers for 1986-87 are: **Gilbert Grossman, MD,** Jenkintown, president elect; **Theodore M. Onifer, MD,** Abington, secretary; and **J. Bruce Ruppenthal, MD,** Scranton, treasurer.

Stewart Wolf, MD, and **Albert J. Finestone, MD,** are authors of the recently published book, "Occupational Stress: Health and Performance at Work." Both authors are associated with Temple University School of Medicine. Dr. Wolf is professor of medicine, and Dr. Finestone is clinical professor of medicine and associate dean for continuing medical education.

Stephen L. Schwartz, MD, has been appointed chief of hospital services for the department of psychiatry and human behavior at Jefferson Medical College, where he is clinical associate professor of psychiatry and human behavior. Dr. Schwartz is currently president of the Philadelphia Psychiatric Society.

Horace MacVaugh III, MD, has been named division chief of cardiothoracic surgery at the Graduate Hospital, Philadelphia. Dr MacVaugh is associate professor of surgery at University of Pennsylvania School of Medicine, and professor of surgery at Jefferson Medical College.

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Charles L. Knecht, MD, has been elected to the Board of Trustees of the Good Shepherd Home, Allentown. Dr. Knecht is chief of radiology at Good Shepherd Rehabilitation Hospital.

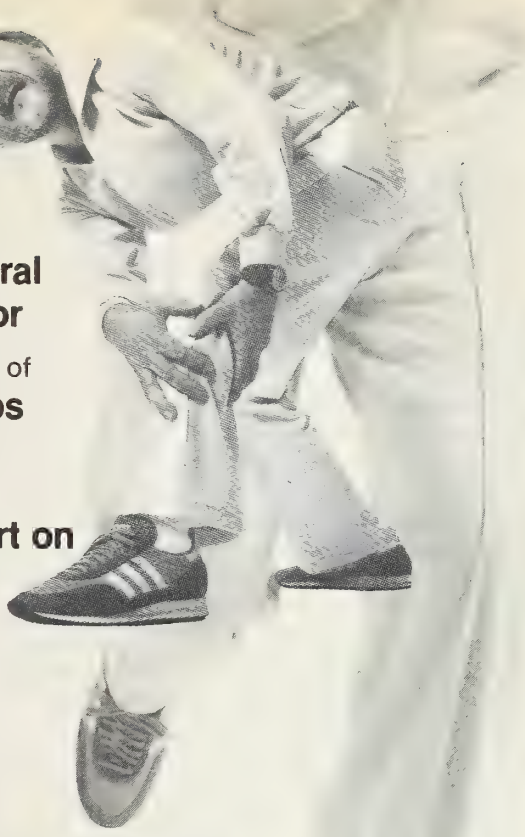
Robert E. Campbell, MD, Haverford, has been named director of radiology at Pennsylvania Hospital. He is clinical professor of radiology at the University of Pennsylvania School of Medicine. Dr. Campbell is chairman of the Board of Directors of the Radiological Society of North America, a trustee of the American Board of Radiology, and a fellow of the American College of Radiology.

The Pennsylvania Oncologic Society, formerly the Wainwright Tumor Clinic Association, installed new officers at its recent annual meeting. **Harold A. Harvey, MD,** Hershey, is the new president. Other officers are: **Harmar D. Brereton, MD,** Scranton, president elect; **Stuart A. Merl, MD,** Carlisle, secretary; and **Jack Schocker, MD,** Altoona, treasurer. **Howard I. Saiontz, MD,** Johnstown, is immediate past president.

Jouni Uitto, MD, PhD, has been appointed professor of dermatology and chairman of the department, and also professor of biochemistry at Jefferson Medical College. Dr. Uitto comes to Jefferson from the University of California at Los Angeles School of Medicine, where he was professor of dermatology. He also served as associate chief and director of research of the division of dermatology at Harbor-UCLA Medical Center.

Willis C. Barnes, MD, has been appointed director of anesthesiology at Moses Taylor Hospital, Scranton. Prior to assuming his new position, Dr. Barnes was staff anesthesiologist and director of the pain clinic at Community Medical Center, also located in the Scranton area.

William Cashman, MD, presented the Warren County Historical Society with a collection of medical memorabilia once the property of Frank McKinley Buckingham, MD, who practiced in Tidioute for 50 years.



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Welcome: The Internal Revenue Code of 1986

Part II: Effects on corporations and other businesses

The Health Care Group

Last month's article extensively reviewed provisions of the Tax Reform Act of 1986 as they affect physicians as individuals. This article describes the Act's effect on corporations and on businesses generally. Some planning ideas discussed might best be implemented before the end of December 1986. Physicians should query their tax advisors specifically for planning their personal calendar year tax results.

This article discusses those new tax provisions which will likely have an effect on physicians' practices or their professional corporations.

General business changes

Cost recovery, depreciation, and expensing. Generally, for property placed in service after 1986, the Act modifies the Accelerated Cost Recovery System (ACRS) of depreciation to be less generous than before. Thus, for example, automobiles which previously were depreciated over three years will now be written off over no less than five years. Much equipment and furnishings which previously had a cost recovery period of five years will now have one of seven years. Although the new recovery method will "front end" deductions more so than under the present system, the longer recovery period will offset that benefit.

Depreciation on *residential* rental property will be calculated on a straight-line basis over a recovery period of 27.5 years. The cost of other real property will be recovered on a straight-line basis over a 31.5 year recovery period.

Leasehold improvements will be recoverable by tenants under the new ACRS rules regardless of the actual lease term. Costs of acquiring a lease (as opposed to cost of leasehold improvements) will be deductible (amortized) over the term of a lease, including all renewal options.

In general, personal property will continue to be considered as placed in service (or disposed of) in the middle of the tax year. Also, new rules prevent buying property at the end of a year to get the advantage of a full six months' depreciation. Real property will be considered as placed in service in the middle of the month in which it is actually placed in service.

Luxury automobiles. New limitations will limit the deductibility of depreciation on automobiles to $2,560 for the first year, $4,100 for the second year, $2,450 for the third year, and up to $1,475 for each succeeding taxable year.

Expensing. Up to $10,000 of personal property purchased and used in a trade or business may be immediately expensed (as opposed to depreciating it over a period of time), although the amount eligible to be expensed is limited to available taxable income. In addition, the $10,000 amount is reduced dollar-for-dollar to the extent that a taxpayer's total investment in tangible personal property for the taxable year exceeds $200,000.

Effective dates. Generally, the new depreciation rules apply to assets placed in service in 1987. Property placed in service after 1986, but under a binding purchase contract or under construction before March 1986, can use the old ACRS rules. Thus, for example, a building placed in service in 1987, but under construction or under contract for construction entered before March 1986, would still be able to claim depreciation over a 19-year useful life. However, there are time limits within which the property must actually be placed in service in order to qualify for the old depreciation rules.

Investment tax credit. Except for rather narrow "transition property" rules, the investment tax credit is repealed for property placed in service after December 31, 1985.

The principal authors are Mark E. Kropiewnicki, JD, LLM, Geoffrey T. Anders, JD, CPA, CPBC, and David J. Schiller, JD. They are attorneys and consultants with the Health Care Group, which is located in Bala Cynwyd.

For taxable years beginning after December 31, 1986, any carry-over of the investment tax credit from earlier years, or any investment tax credit for property falling under the special transition rules, must be reduced by 35 percent for taxable years beginning after July 1, 1987 (with a lesser pro rata percentage reduction reflecting the portion of taxable years which straddle July 1, 1987). If a taxpayer qualifies to claim the investment tax credit on certain transition property, the basis of the property must be adjusted for the entire credit even though the taxpayer's claimed credit will be subject to the 35 percent reduction.

Professional corporations might consider accumulating taxable income this year in an amount sufficient to use up any investment tax credits which otherwise would be reduced under the new rule. Although the corporation might be liable for state and/or local corporate income taxes on such income accumulation, those taxes could easily be offset by using up the investment tax credit which would otherwise be lost.

Corporate changes

Taxable year for professional corporations. Effective for taxable years beginning after 1986, professional corporations (as well as partnerships and subchapter S corporations) generally will be required to use the calendar year as the taxable year. As a result, many professional corporations will have two taxable years ending in 1987. For example, a professional corporation with a current fiscal year's end of September 30 will have a twelve-month taxable year ending September 30, 1987, and a "short" three-month taxable year from October 1, 1987, through December 31, 1987.

One result of this change is that a physician who defers income from 1986 into 1987, with the idea of paying tax at a lower individual rate, might be forced to pay tax on more than twelve months of income in 1987. Although a special rule is provided for partnerships and S

corporations to spread any extra taxable income over four years, there is no similar rule for professional corporations.

To avoid such a "bunching" of income in 1987, it may be desirable to defer income or accelerate expenses during the short year. Most professional corporations could defer income by not billing patients until very late in 1987 or in 1988. Each individual situation will require different planning, and early consultation with your tax advisor is warranted.

Corporate tax rates. The top corporate tax rates will drop from 46% to 34%, and amounts under $75,000 will be taxed at even lower rates. Most physicians' professional corporations tend to have taxable incomes under $50,000 per year. A professional corporation with taxable income of $50,000 would be liable for tax of $7,500 (15%) under the new system and $8,250 (16.5%) under the old law. Under the new law, a corporation with taxable income of $100,000 pays only 22.25% tax, while under the old law the rate would be 25.75%.

Some commentaries have made much of the fact that the top corporate bracket now exceeds the top individual tax bracket. However, on lower taxable incomes (below the point where the top tax rates become effective) the corporate tax rates are lower. For example, on taxable income of $100,000 a professional corporation would owe a tax of $22,250; whereas, a married individual with taxable income of $100,000 would owe a tax of approximately $25,538 after 1987.

The revised corporate tax rate structure is effective for taxable years beginning on or after July 1, 1987. Taxable income in tax years that straddle July 1, 1987, is to be taxed at rates which blend the new rates with the old rates. Thus, for example, a corporation with the calendar year as its taxable year will have a top rate of 40 percent.

Capital gains and losses. Capital gains of a corporation no longer will have the tax limited to at most 28 percent. Under the Act, capital gains are treated as any other income and taxed at the corporation's regular tax rates as described above.

The Act continues the treatment of corporate capital losses by allowing them to be deducted in full against corporate capital gains but not allowing them against other ordinary income of the corporation.

Corporate dividends received deduction. Professional corporations receiving dividends from other domestic corporations are allowed to exclude 80% (down from the prior law's 85%) of the dividends received. Although slightly less beneficial than before, the 80% dividend received deduction allows a professional corporation to invest its earnings in dividend paying stock (or dividend oriented mutual funds) at substantially less than even the lowest 15% tax rate for corporations. For example, if a professional corporation has no other taxable income and receives $10,000 of qualifying dividend income, it will pay tax on only $2,000 of the $10,000 actually received. Thus, it will pay 15% tax on the $2,000 or $300 of tax. The *effective* tax rate on the $10,000 of dividends is only 3% ($300 divided by $10,000).

Corporation distributions. Under present law, no gain or loss is recognized (except for depreciation and investment tax credit recaptures and, perhaps, for receivables) by a corporation on a distribution of its assets to shareholders upon liquidation, or under a special twelve-month liquidation rule following the sale of the corporate assets.

Thus, for example, if a solo incorporated physician were to liquidate his or her practice in 1986, the corporation generally could have minimal or no tax liability upon liquidating, and the physician-shareholder would pay tax at only a maximum 20 percent capital gains tax rate. The result would be essentially the same if the corporation first sold the practice to a third party and subsequently liquidated within a twelve-month period.

Congress has seen fit to put a stop to this result. Generally, for liquidations completed after December 31, 1986, the corporation will pay tax on any gain upon a distribution of its property in complete liquidation. Similarly, the corporation will pay tax on any gain from actual sales of its assets, even if the corporation is completely liquidated within twelve months.

In a simple example, the new law would mean that a corporation with a 1987 taxable gain of $335,000 would first pay tax at 34 percent, leaving the shareholder with $221,000 on which to pay personal taxes. The gain of $335,000 would result in an after tax amount of only about $159,000 if the shareholder files a joint return with $221,100 of taxable income.

Compare this with the current tax treatment where a doctor who is in the highest tax bracket would be left with 80 percent of the original $335,000 gain, or about $268,000—over $108,000 more!

It is no wonder that many tax advisors are suggesting that corporations liquidate now to take advantage of special "transition" rules which allow some liquidation to occur under the old rules rather than the new rules. Unfortunately, following this advice could easily lead to a substantial tax cost. The corporation will have to pay tax, in any event, on any depreciation and investment tax credit recapture and, very likely, upon any accounts receivable distributed to the physician-shareholder. Additionally, the corporation's good will (which is often substantial) could very well be considered as part of a distribution and its value taxed to the shareholder.

Consequently, in most situations it seems preferable to maintain the corporation and not to liquidate. It is usually sound advice to defer paying tax for as long as possible, if only because you lose the earning potential of the dollars paid in tax. For group practices in par-

ticular, it is likely that the corporation will never be liquidated, and the adverse tax result described above will be deferred indefinitely. With more and more solo practitioners' corporations (rather than the corporation's assets) being purchased or acquired by merger, the new negative tax consequences also might never occur.

Nonetheless, for solo incorporated physicians who are contemplating retiring and selling their practices in the next few years, it would be prudent to consult a tax advisor to plan an orderly disposition of the professional corporation with the least tax.

Allocation of purchase price in certain sales of assets. When the assets of a practice are sold, the buyer and seller usually agree how to allocate the purchase price among the assets for tax purposes. It often has been beneficial to allocate the price to assets which would be deductible or depreciable by the buyer. Effective for transactions after May 6, 1986, however, the buyer and seller are required to value the tangible and specifically identifiable intangible assets sold; any portion of the purchase price in excess of that value will constitute the value of goodwill. In this way, the buyer would not be able to allocate the excess proportionately to depreciable items, such as equipment, and would instead have the price allocated to goodwill which is not deductible.

Corporate minimum tax. An alternative minimum tax, similar to the alternative individual minimum tax described in last month's article, is adopted for corporations. Although the 20 percent minimum tax should not affect most professional corporations, it is necessary to be aware of its potential application.

Corporate fringe benefits

Many of the corporate fringe benefits you enjoy will be subject to tougher non-discrimination rules under the new law. New provisions essentially require the provision of health, disability, and group term life insurance in similar amounts for nonphysicians as for physicians. Under current law, it is common to discriminate in favor of the physicians by, for example, providing "family" coverage for physicians and "single" coverage for nonphysicians. Quite frequently physicians have disability insurance through the corporation but it is not provided for non-physicians.

Under the new discrimination provisions, only a few nonphysician employees can be excluded from receiving the same benefits as the physicians. Although a one-year wait for most health and life insurance benefits can be utilized, basic health insurance must be provided after only six months of service to all employees on a non-discriminatory basis. Employers may *exclude* employees who work less than 17.5 hours per week, and need only provide *reduced* benefits for those working less than 30 hours per week, but employers cannot pick and choose who will be covered under their plans.

The expected effective date of this change is January 1, 1988. However, this might be extended until January 1, 1989.

If the employee's spouse and dependents are covered by the spouse's health plans, they need *not* be covered by an additional health plan provided by the physician.

The new discrimination rules require that at least the same percentage of non-highly compensated employees be included in the plans as highly-compensated employees. In addition to the eligibility test, there is a new test that requires that the benefits to the nonphysicians be somewhat comparable to those received by the physician-employees.

Although difficult, it is possible to keep some (albeit few) full-time employees out of plans, but this requires sworn statements, and complicated computations, to be sure that these complex rules are not being violated.

Another aspect of these changes requires that all employees of "related" entities be included in health plans. For example, if a physician owns 100 percent of his or her practice and 100 percent of a restaurant (as an investment), then health benefits in the medical practice must also be provided to the restaurant employees! Owners of several related medical/business entities must provide health benefits on a non-discriminatory basis in *every* entity. Even if employees are "leased," once this law becomes effective they must be covered under the practice's health plans (disability, group term life insurance, etc.).

Keep in mind that none of these changes *require* employers to maintain health insurance, life insurance, etc., for any employees. They simply provide that any such benefits must now be provided on a non-discriminatory basis.

In the time before the effective date of these rules, it might be well for doctors to reassess the benefits received, under their fringe benefits programs, to determine whether it makes more sense to purchase benefits outside of the professional corporation. If present benefit programs are retained (or increased), necessary changes should be made in writing, so that corporate deductions are not later disallowed (with penalties) for failure to meet the new requirements. As in the past, all of these fringe benefit programs require that a written plan be included in the corporate minutes. Otherwise, these corporate deductions may be disallowed.

Conclusion

Each physician's business and professional corporation situation will differ, as will the Act's impact. Expert tax advice is imperative, and might be at premium, considering that the Act will affect all of your colleagues simultaneously. The earlier you seek your advisor's help, the better off you should be.

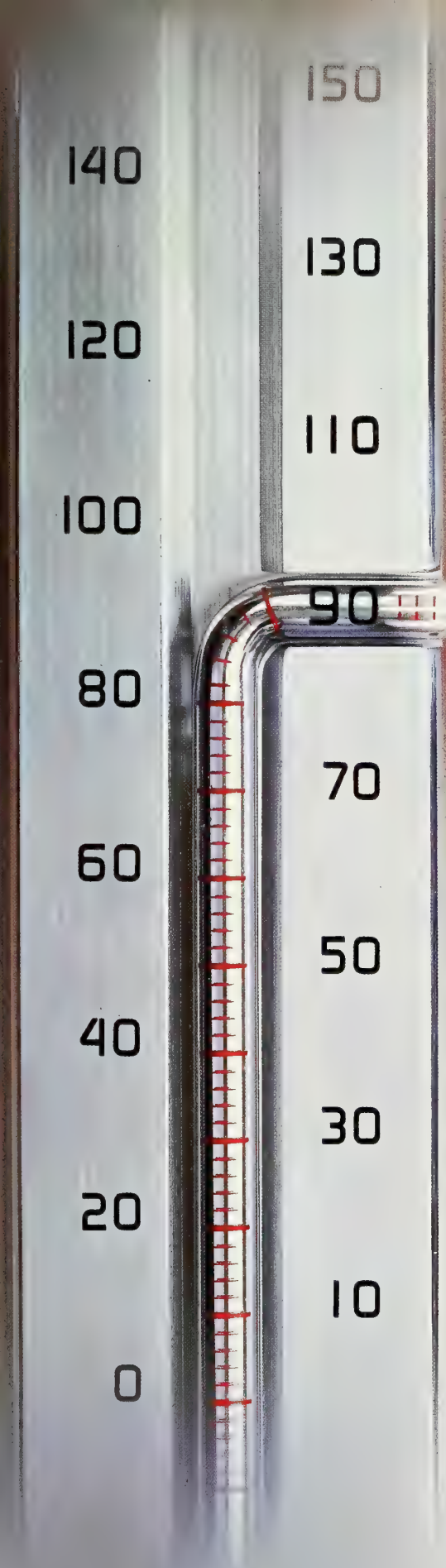
Part III: Retirement plan implications

In addition to numerous and substantial individual and corporate tax changes, there are significant changes in the retirement plan provisions in the Tax Reform Act of 1986. You might use this article best by referring to it as a checklist to determine which changes will affect you most. Congress has provided about three years to make most of the necessary changes, although some of the provisions are effective January 1, 1986, and others January 1, 1987. Your plans must be updated with each of the appropriate effective dates.

In order to obtain maximum advantages, we recommend your prompt attention so that valuable opportunities are not lost forever.

Borrowing

Plan loan interest deductions. Traditionally if you borrowed from your corporate retirement plans, the interest paid has been deductible for federal in-



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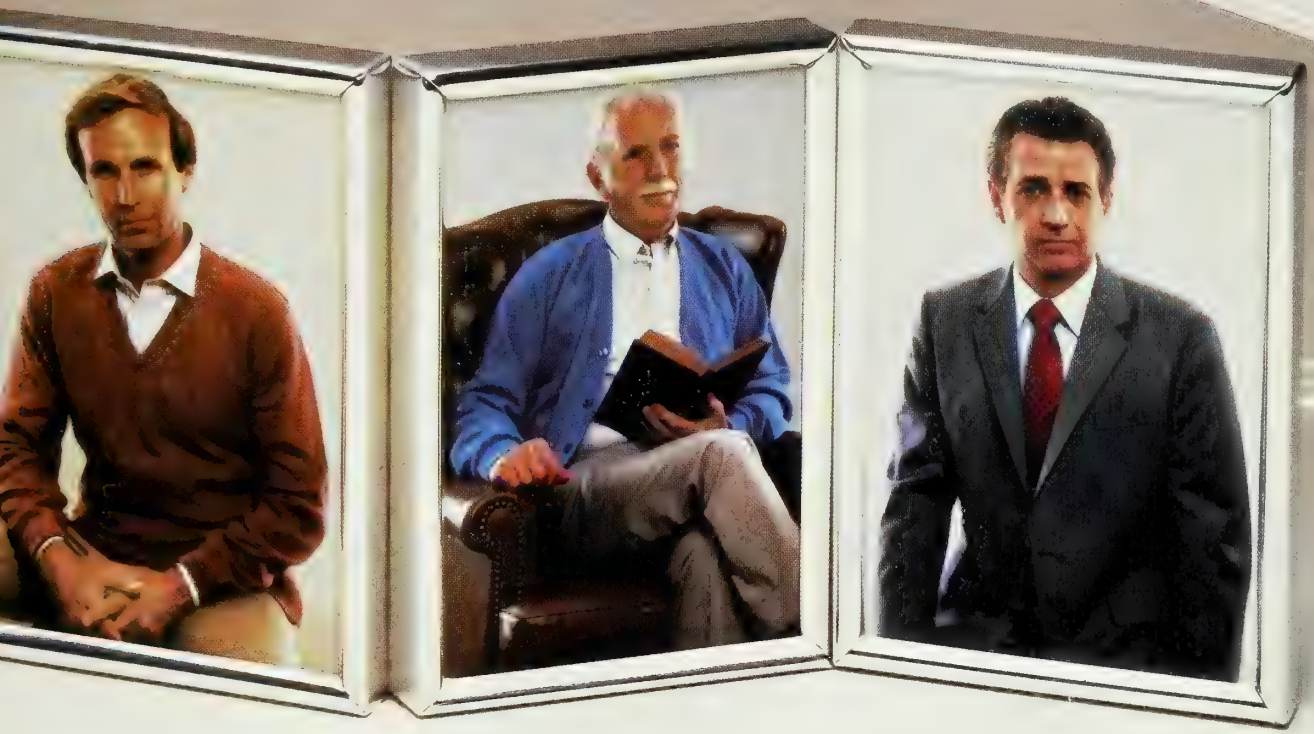

John, K.: *42, confirmed diastolic BP 102, abnormal lipid profile*

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Hypotension	2.5%	AV Block (3°)	0.8%
Edema	2.1%		
Headache	1.9%		

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Contraindications: Severe left ventricular dysfunction, hypotension (systolic pressure < 90 mm Hg) or cardiogenic shock, sick sinus syndrome or second- or third-degree AV block (if no artificial pacemaker is present).

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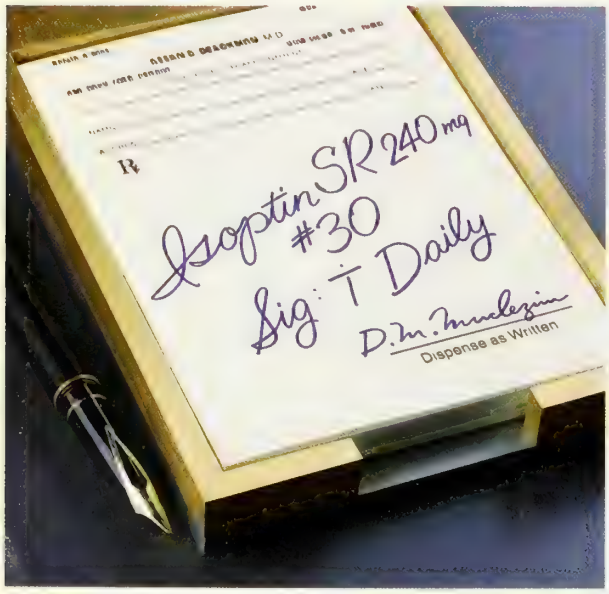

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CONTRAINDICATIONS: 1) Severe left ventricular dysfunction (see WARNINGS), 2) Hypotension (less than 90 mmHg systolic pressure) or cardiogenic shock, 3) Sick sinus syndrome or 2nd or 3rd degree AV block (except in patients with a functioning artificial ventricular pacemaker).

WARNINGS: Heart Failure: ISOPTIN should be avoided in patients with severe left ventricular dysfunction (see DRUG INTERACTIONS). Patients with milder ventricular dysfunction should, if possible, be controlled before verapamil treatment. Hypotension: ISOPTIN (verapamil HCl) may produce occasional symptomatic hypotension. Elevated Liver Enzymes: Elevations of transaminases with and without concomitant elevations in alkaline phosphatase and bilirubin have been reported. Periodic monitoring of liver function in patients receiving verapamil is therefore prudent. Accessory Bypass Tract (Wolff-Parkinson-White): Patients with paroxysmal and/or chronic atrial flutter or atrial fibrillation and a coexisting accessory AV pathway have developed increased antegrade conduction across the accessory pathway producing a very rapid ventricular response or ventricular fibrillation after receiving intravenous verapamil. While this has not been reported with oral verapamil, it should be considered a potential risk. Treatment is usually D.C.-cardioversion. Atrioventricular Block: The effect of verapamil on AV conduction and the SA node may cause asymptomatic 1st degree AV block and transient bradycardia. Higher degrees of AV block, while infrequent (0.8%), may require a reduction in dosage or, in rare instances, discontinuation of verapamil HCl. Patients with Hypertrophic Cardiomyopathy (IHSS): Although verapamil has been used in the therapy of patients with IHSS, severe cardiovascular decompensation and death have been noted in this patient population.

PRECAUTIONS: Impaired Hepatic or Renal Function: Verapamil is highly metabolized by the liver with about 70% of an administered dose excreted in the urine. In patients with impaired hepatic or renal function verapamil should be administered cautiously and the patients monitored for abnormal prolongation of the PR interval or other signs of excessive pharmacological effects (see OVERDOSAGE).

Drug Interactions: Beta Blockers: Concomitant use of ISOPTIN and oral beta-adrenergic blocking agents may be beneficial in certain patients with chronic stable angina or hypertension, but available information is not sufficient to predict with confidence the effects of concurrent treatment in patients with left ventricular dysfunction or cardiac conduction abnormalities. Digitalis: Clinical use of verapamil in digitalized patients has shown the combination to be well tolerated if digoxin doses are properly adjusted. However, chronic verapamil treatment increases serum digoxin levels by 50 to 75% during the first week of therapy and this can result in digitalis toxicity. Upon discontinuation of ISOPTIN (verapamil HCl), the patient should be reassessed to avoid underdigitalization. Antihypertensive Agents: Verapamil administered concomitantly with oral antihypertensive agents (e.g., vasodilators, angiotensin-converting enzyme inhibitors, diuretics, beta blockers, prazosin) will usually have an additive effect on lowering blood pressure. Patients receiving these combinations should be appropriately monitored. Disopyramide: Disopyramide should not be administered within 48 hours before or 24 hours after verapamil administration. Quinidine: In patients with hypertrophic cardiomyopathy (IHSS), concomitant use of verapamil and quinidine resulted in significant hypotension. There has been a report of increased quinidine levels during verapamil therapy. Nitrates: The pharmacologic profile of verapamil and nitrates as well as clinical experience suggest beneficial interactions. Cimetidine: Two clinical trials have shown a lack of significant verapamil interaction with cimetidine. A third study showed cimetidine reduced verapamil clearance and increased elimination to 1/2. Anesthetic Agents: Verapamil may potentiate the activity of neuromuscular blocking agents and inhalation anesthetics. Carbamazepine: Verapamil may increase carbamazepine concentrations during combined therapy. Rifampin: Therapy with rifampin may markedly reduce oral verapamil bioavailability. Lithium: Verapamil may lower lithium levels in patient on chronic oral lithium therapy. Carcinogenesis, Mutagenesis, Impairment of Fertility: There was no evidence of a carcinogenic potential of verapamil administered to rats for two years. Verapamil was not mutagenic in the Ames test. Studies in female rats did not show impaired fertility. Effects on male fertility have not been determined. Pregnancy (Category C): There are no adequate and well-controlled studies in pregnant women. ISOPTIN crosses the placental barrier and can be detected in umbilical vein blood at delivery. This drug should be used during pregnancy, labor, and delivery, only if clearly needed. Nursing Mothers: ISOPTIN is excreted in human milk, therefore, nursing should be discontinued while verapamil is administered. Pediatric Use: Safety and efficacy of ISOPTIN in children below the age of 18 years have not been established.

ADVERSE REACTIONS: Constipation 8.4%, dizziness 3.5%, nausea 2.7%, hypotension 2.5%, edema 2.1%, headache 1.9%, CHF/pulmonary edema 1.8%, fatigue 1.7%, bradycardia 1.4%, 3° AV block 0.8%, flushing 0.1%, elevated liver enzymes (see WARNINGS). The following reactions, reported in less than 1.0% of patients, occurred under conditions (open trials, marketing experience) where a causal relationship is uncertain; they are mentioned to alert the physician to a possible relationship: angina pectoris, arthralgia and rash, AV block, blurred vision, cerebrovascular accident, chest pain, claudication, confusion, diarrhea, dry mouth, dyspnea, ecchymosis or bruising, equilibrium disorders, exanthema, gastrointestinal distress, gingival hyperplasia, gynecomastia, hair loss, hyperkeratosis, impotence, increased urination, insomnia, macules, muscle cramps, myocardial infarction, palpitations, paresthesia, psychotic symptoms, purpura (vasculitis), shakiness, somnolence, spotty menstruation, sweating, syncope, urticaria. Treatment of Acute Cardiovascular Adverse Reactions: Whenever severe hypotension or complete AV block occur following oral administration of verapamil, the appropriate emergency measures should be applied immediately, e.g., intravenously administered isoproterenol HCl, levarterenol bitartrate, atropine (all in the usual doses), or calcium gluconate (10% solution). If further support is necessary, inotropic agents (dopamine or dobutamine) may be administered. Actual treatment and dosage should depend on the severity and the clinical situation and the judgment and experience of the treating physician.

OVERDOSAGE: Treatment of overdosage should be supportive. Beta-adrenergic stimulation or parenteral administration of calcium solutions may increase calcium ion flux across the slow channel, and have been used effectively in treatment of deliberate overdosage with verapamil. Clinically significant hypotensive reactions or fixed high degree AV block should be treated with vasopressor agents or cardiac pacing, respectively. Asystole should be handled by the usual measures including cardiopulmonary resuscitation.

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come tax purposes. However, after December 31, 1986, with one exception, there will be *no* interest deductions for physicians and other highly compensated employees based on loans taken from retirement plans after December 31, 1986. If you have a plan loan outstanding on December 31, 1986, you may continue to deduct a portion of the future interest payments, just as any other consumer interest. Although you can deduct 65 percent of your *other* consumer interest in 1987, you will *not* receive a deduction based upon interest paid to your retirement plans unless you meet the terms of the loophole left often. That one loophole may be used only for plan loans in effect on December 31, 1986, and then only if you act promptly.

Most plan participants who take loans from their plan use their vested interest in their plan as security for the loan. In other words, if they default and do not repay their loans, the plan reduces their plan benefit and essentially treats the default as a "distribution." Although previously uncommon, you may use other assets as security for a loan. If the loan is secured with a lien against your principal or second residence, you have then created a "home equity" loan and can deduct 100 percent of the interest (at least until the law is changed again).

The *opportunity* for you to secure an existing loan and have the plan place a lien against your house *will expire December 31, 1986.* If you take a new loan from your plan or renegotiate an existing loan and place a lien against your principal or second residence after this date, you will *not* be able to deduct *any* interest, even though the loan is secured by the equity in your home.

So, if you anticipate borrowing in the next several years, you should consider borrowing earlier so that you can take advantage of the interest deductions.

Worse yet, any non-deductible interest paid on a plan loan does *not* create a "basis" in one's plan assets. Therefore, effectively, interest payments are subject to *double* taxation. The interest payments are non-deductible when paid and are taxed *again* once they are eventually distributed from the plan. This is a terrible result!

Five year repayment rule. In general, any retirement plan loan may not be paid back over a period longer than five

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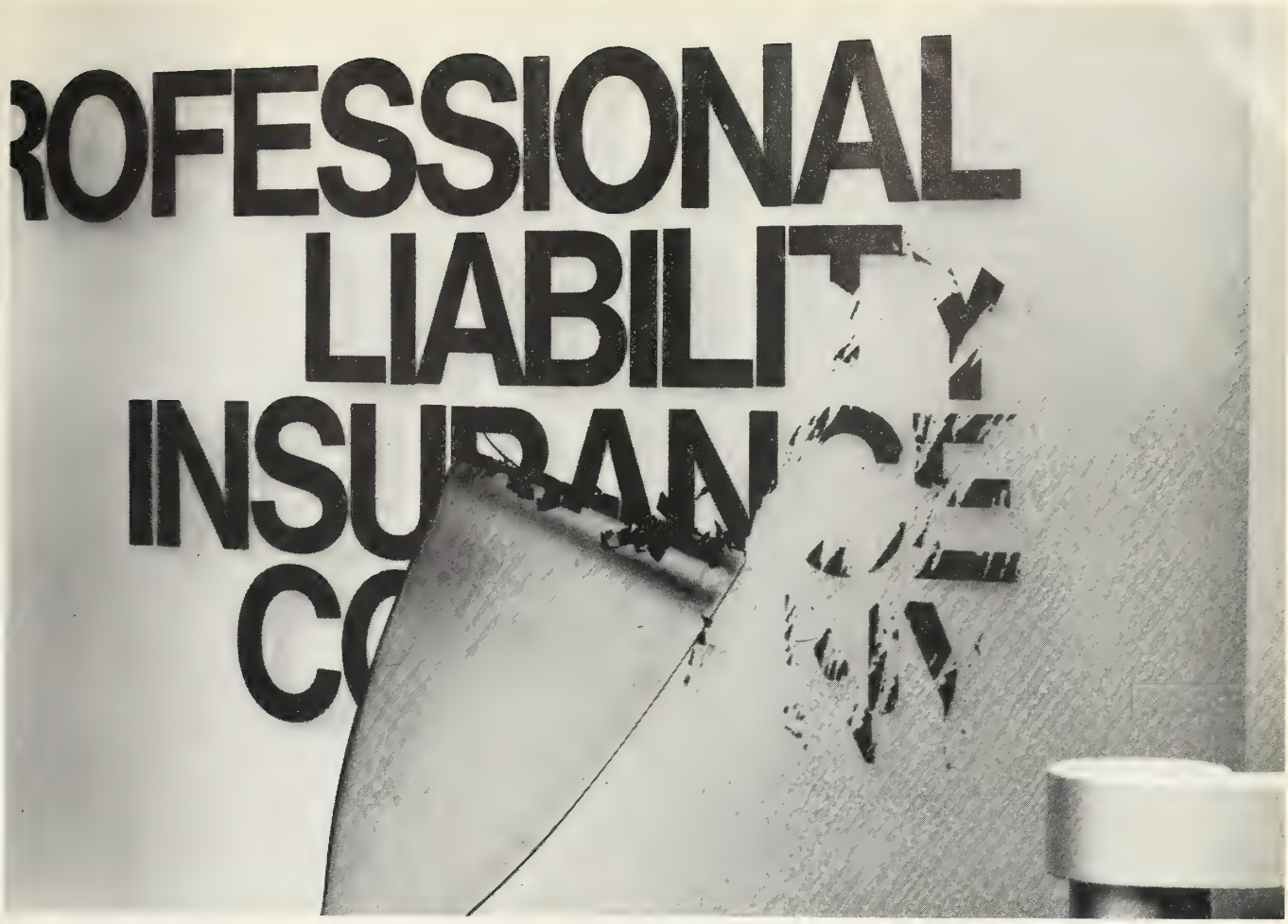

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years. For all loans taken after December 31, 1986, the exceptions now permitted to this five-year rule will be limited. Up until December 31, 1986, you may take a loan in *excess* of five years if the loan is used to acquire or improve a principal residence of the participant or a member of the participant's family.

Effective for all loans made, renegotiated, extended, renewed, or revised after December 31, 1986, the five-year repayment rule will apply to all loans unless the participant borrows to purchase a principal residence for *himself.* This will be the sole exception to the five-year repayment rule.

Voluntary contributions

Starting January 1, 1987, most physicians will no longer be able to make voluntary after-tax retirement plan contributions because of several changes in the law. We have previously always encouraged establishing these "tax-deferred savings accounts" because of the opportunity to have *earnings* grow, tax-deferred, while enjoying the flexibility of knowing that your principal investment can be withdrawn at any time without tax or penalty.

Two minor changes in the law kill any motivation to make voluntary contributions. First, prior to January 1, 1987, you could contribute (post-tax) at least 6 percent of your compensation as a voluntary contribution. Regardless of the "employer" contribution, a plan could permit an additional 6 percent "voluntary" contribution by any participants. But, after December 31, 1986, if the employer contributes the maximum permitted under the law, you are *not* permitted to make a voluntary contribution. If the employer contributes less than permitted under the law, you *might* be able to contribute. The second change imposes nondiscrimination rules for voluntary contributions starting January 1, 1987. That is, highly compensated individuals can make voluntary contributions only within permitted ratios of lower compensated individuals' voluntary contributions. Essentially, then, if other staff members make no voluntary contributions, physicians would be prohibited from making such contributions.

Eligibility/vesting

Under the top-heavy plan rules that went into effect in 1984, many physicians imposed a three-year wait (with 100 percent vesting) prior to employee participation in the plans. The alternative schedule required an individual to wait one year to participate in the plans, then vested an employee at a rate of 20% per year until 100% vested. To reduce employer contributions, as well as the headaches of plan administration, most practices chose the three-year wait provision.

Effective January 1, 1989, you may not require an individual to have more than two years of service prior to entering your plans, and then he must be 100% vested. Alternatively, you could utilize the one-year wait and have him gain vesting, as described above.

Although previously the three-year wait was advantageous, starting January 1, 1989, it will make more sense to use "graded vesting." If an employee leaves prior to being 100% vested, he will forfeit a portion of his benefits back the plan, and it will be allocated among other participants.

Utilizing the "graded vesting" will save money on staff contributions when staff members leave with less than five years of service, as compared to using the two-year wait approach.

Integration with Social Security

Integrating your plan with Social Security is one of the few forms of legal discrimination permitted under retirement plan law. Currently, a defined contribution plan may allocate more funds to highly compensated employees so that they receive an additional 5.7 percent of compensation on salary in excess of a stated amount.

Effective January 1, 1989, physicians may still benefit from plan integration, but the permitted excess contribution rate (up to 5.7%) cannot be greater than the basic contribution rate. Thus, where a plan provides for a contribution of 3% of total pay plus 5.7% of pay in excess of $20,000, under the new law the basic contribution would be 5.7% of total pay, to keep the integretion at 5.7% of excess pay.

Similar changes have occurred for defined benefit plans, essentially eliminating "excess only" plans. Therefore, if you wish to get maximum advantage of the integration features for the highly compensated, you must provide certain new minimum benefits for non-highly compensated participants.

The law's congressional explanation specifies that after December 31, 1988, an employer may *not* set a lower compensation level for integration than the Social Security Wage Base ($42,000) if such a level discriminates in favor of highly compensated employees. Our observation has been that setting the integration level at *any* level below the Social Security Wage Base is almost always discriminatory in favor of highly compensated employees; so the integration level will rise in most plans and the net benefit of integration will be reduced.

IRA/QVEC

IRAs and Qualified Voluntary Contributions (QVEC) *essentially* have been repealed *as you now know them.* As a participating physician in a Qualified Retirement Plan you may not contribute to an IRA or to a QVEC for the year beginning January 1, 1987, and thereafter, and deduct your contribution for federal income tax purposes. The Qualified Employee Contributions were essentially IRAs within a retirement plan in lieu of an IRA outside the plan.

Despite popular belief, Congress has *not* actually repealed IRAs. If you or your spouse are an "active participant" in a Qualified Plan, you may *still* make an IRA contribution; however, the $2,000 contribution will *not* be deductible.

IRAs will partially fill the void left by the effective departure of voluntary employee contributions. You may contribute post-tax dollars to an IRA and the earnings will accumulate on a tax-deferred basis.

Be certain not to overlook your still deductible IRA contribution for the year ending December 31, 1986. As in the past, this can be made up until April 15, 1987.

Distributions

Early distribution. The changes affecting plan benefit distributions are numerous, but fortunately not all negative for physicians. Congress corrected a mistake made several years ago when a 10 percent penalty on all monies distributed prior to age 59½ was imposed. Congress, in 1984, failed to "grandfather" contributions made prior to January 1, 1985, the effective date of this excise tax.

The principal authors are David J. Schiller, JD, and Geoffrey T. Anders, JD, CPA, CPBC. They are attorneys and consultants with the Health Care Group, which is located in Bala Cynwyd.

Under the new Law, contributions made prior to January 1, 1985, are *not* subject to this excise tax, even if they are distributed prior to age fifty-nine and a half.

Even contributions *after* December 31, 1984 can be distributed penalty-free prior to age 59½ under a new provision in the law. *If* you change your plan to permit an earlier distribution, there is a new exception which will allow a participant who retires following age 55 to avoid the 10 percent penalty, but only if the plan provides for a retirement age of 55. Note that you must terminate employment after age 55; if you terminate at age 54, you may not avoid the 10 percent penalty if you receive a distribution at age 55.

Late distribution. Under another provision, there is a 50 percent excise tax if you do not withdraw the required amount from your plan, starting no later than age 70½. For those of you who wish to delay distribution as long as possible, the new law requires that you start distributing by April 1 after you reach age 70½, or you will be subject to the 50 percent excise tax.

Overfunded plans. Since taxes are deferred on monies placed into retirement plans, Congress has always taken an interest in not permitting any individual to accumulate too much money, resulting in the delay of taxation. Throughout history, in defined contribution plans there has never been a maximum amount one could accumulate; only the *contribution* (not the accumulation) has been limited. Now, in addition, you will be penalized if you over-accumulate in your plan.

After December 31, 1988, if you receive distribution in excess of a specified sum (initially $112,500), you must pay a 15 percent excise tax upon distribution. If you receive a lump sum distribution, under the new five-year forward averaging rules described below, the 15 percent excise tax is only imposed on any distribution in excess of a higher specified amount (initially $562,500).

Transition rules allow larger distributions if your benefit on August 1, 1986, would provide a larger distribution. This grandfathering provision will allow you to avoid the excise tax on funds that you have accumulated so far, but will not protect future contributions. However, in order to take advantage of this provision, it is necessary to file an *election* with the IRS prior to January 1, 1989.

This new overfunding provision will require planning for contributions, plan growth and distributions; certain actuarial computations previously only necessary in defined benefit plans may be required. You cannot even die and avoid this excise tax, for a large plan benefit would be subject to a new 15 percent estate tax equivalent, to which your estate would be subjected.

Distribution alternatives. Effective January 1, 1987, 10-year averaging is repealed for those born after December 31, 1935. In its place will be the new five-year averaging, possibly equally beneficial under the new tax rates in place for the coming several years.

Physicians born prior to January 1, 1936, will have the option of utilizing the old ten-year averaging rules, using *1986* tax rates, or will be permitted to elect the new five-year averaging or any other permissible form of distribution.

For those of you with pre-1974 contributions, there is a five-year phase-out of your anticipated capital gains treatment of these contributions. In addition, for those of you born prior to January 1, 1936, there is a grandfathering of the pre-1974 capital gains treatment provisions which is not subject to be above five-year phase-out. For purposes of the above, if any of you elect capital gains treatment on any portion of any distribution after December 31, 1986, there is a flat 20 percent rate applicable to the capital gains portion, regardless of the maximum effective capital gains rate under present law. Once again, this option must be weighed at the time of distribution. Simple, right? Just as the President promised.

Profit sharing plan changes

In order to make a contribution to a profit sharing plan, it always has been necessary to have a "profit," or at least to have retained earnings. The provision in the law requiring profit or retained earnings is eliminated effective January 1, 1986. Therefore, you *can* make a profit sharing plan contribution even if it creates a loss and you have no retained earnings.

If you only maintain a profit sharing plan and do not contribute 15 percent of compensation, under prior law you would have been able to carry-over the excess and make up the under-contribution in future years. For example, if you only contributed 10 percent in 1984, you could contribute 20 percent in 1985. The new law eliminates this option and does not permit you to carry over any portion not utilized in prior years. However, the law excepts carry-overs that were created prior to January 1, 1987; they may still be utilized in future years.

Defined benefit plans

Defined benefit plans have been affected much more significantly than money purchase and profit sharing plans. Congress recognized that many physicians and other highly compensated businessmen were starting a defined benefit plan to accumulate a large amount of money over a very short period of time. Using certain actuarial assumptions, physicians were able sometimes to shelter close to 100 percent of their earnings in their medical practices by utilizing a defined benefit plan.

Congress has taken large steps to end this practice. Under the new legislation, if a plan is overfunded due to actuarial miscalculation (mistakes or aggressive assumptions), there will be a 10 percent to 30 percent non-deductible excise tax imposed on the plan. Although accrued benefits have been grandfathered, based upon somewhat reduced limitations, it will be quite easy to overfund your defined benefit plan.

In the past, by assuming an age 55 normal retirement date, you were still permitted to fund for benefits up to $75,000 per year for each participant. Although physicians rarely voluntarily retire at age 55, this assumption was utilized to maximize plan deductions. Under the new law, you can no longer fund for a $75,000 benefit at age 55, and must instead fund for a much smaller benefit of approximately $35,000 to $45,000.

Another new provision will require a reduction of the benefit if you participated in the plan for less than ten years. For example, if you start a new defined benefit plan at age 63, anticipating retiring at age 65, you will only be able to fund for a very small benefit, not the popular $90,000 per year which you might expect.

With a defined benefit plan, each participant does *not* have a separate account; everyone's interest is invested as an aggregate. For this reason, practices with more than one doctor often utilize more than one defined benefit plan so that each doctor essentially has his own plan. This is set up so that each doctor can make his own investments and not be subject to the preferences of his partners. By December 31, 1988, each practice effectively will not be able to maintain more than two defined benefit

plans. The new law also requires that at least 40 percent of eligible participants participate in *each* retirement plan.

Although rather few physicians have utilized defined benefit plans in the past, we anticipate that there will be even *fewer* in the future and that they will be used in only the most extraordinary circumstances.

General perspective

Based on the various restrictions under the new law, and the new low personal tax rates, we believe it will make good sense in many cases to take a *larger* portion of your practice income as taxable compensation rather than sheltering up to the legal limits in your retirement plans. Starting in 1988, when many of you will be saving only 28 or 33 percent by putting funds into a retirement plan, it will probably make sense to take advantage of the lowest tax rates in the western world and reduce your plan contributions! Especially because of the excise tax on overfunded plans, you should not want to miss out on low tax rates and later be assessed an excise tax because you sheltered too much.

As some senators involved with drafting this legislation have already stated, tax rates are bound to go up, possibly as early as 1987 or 1988, with a new "tax reform act." The motivation to shelter will, once again, increase as rates rise.

Despite all of the necessary sophisticated tax planning, it still makes sense to continue to fund retirement plans for personal security and retirement purposes. A major reason for maintaining plans is to have sufficient assets for personal expenses once you are no longer practicing. Your retirement plans are still an excellent vehicle in which you can build a "forced savings."

In addition, most longer term employees expect and need funds set aside for them. With Social Security reductions, private retirement plans will be *more* necessary for your staff and should not be totally eliminated. In each of the coming years, it will be essential to continue to evaluate what role your retirement plans should play so that they are an effective part of your overall finances. Since many of the changes in the retirement plan laws and other tax laws will greatly affect you, proper time should be invested to plot the proper course.

Well, President Reagan promised it would be simple.

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advertisers' index

Alfa Romeo 31
American Society of Internal Medicine 2
Brown Pharmaceuticals 39, 64
Campbell Laboratories 61
Casualty Reciprocal Exchange 44
Elcomp Systems 23
Eli Lilly Company 57
Geisinger Medical Center 36
Hahnemann University Hospital 29
Health Care Personnel Consulting . . . 61, 63
Hessler Enterprises 27
Intellego 22
Knoll Pharmaceuticals 25, 26
Law Office of Steven B. Zats 53
Likoff Cardiovascular Institute 33
Magazine Subscription Agency 21
Marion Laboratories 15, 16
Medical Personnel Pool 2
Medical Office Buildings 9
Medical Protective Company 45
Meridian Asset Management 6
OR-D Systems 35
Orion Systems 20
Philadelphia Heart Institute 37
PMS Impaired Physician Committee 53
PMS Council on Membership 3, 4, 5
PMS Liability Insurance Company 19
Reading Rehabilitation Hospital 35
Roche . . . . . 1, 2, covers 2, 3, 4
SMS/Medical Associates Inc 39
Small Computer Company 30
Ster-O-Lizer Corporation 11
Stuart Pharmaceuticals 61
Trauma Services Group 60
Upjohn Company 59
U. S. Air Force 49
Valley Family Medical Center 63
Watson Clinic 38
Western Pennsylvania Hospital 13
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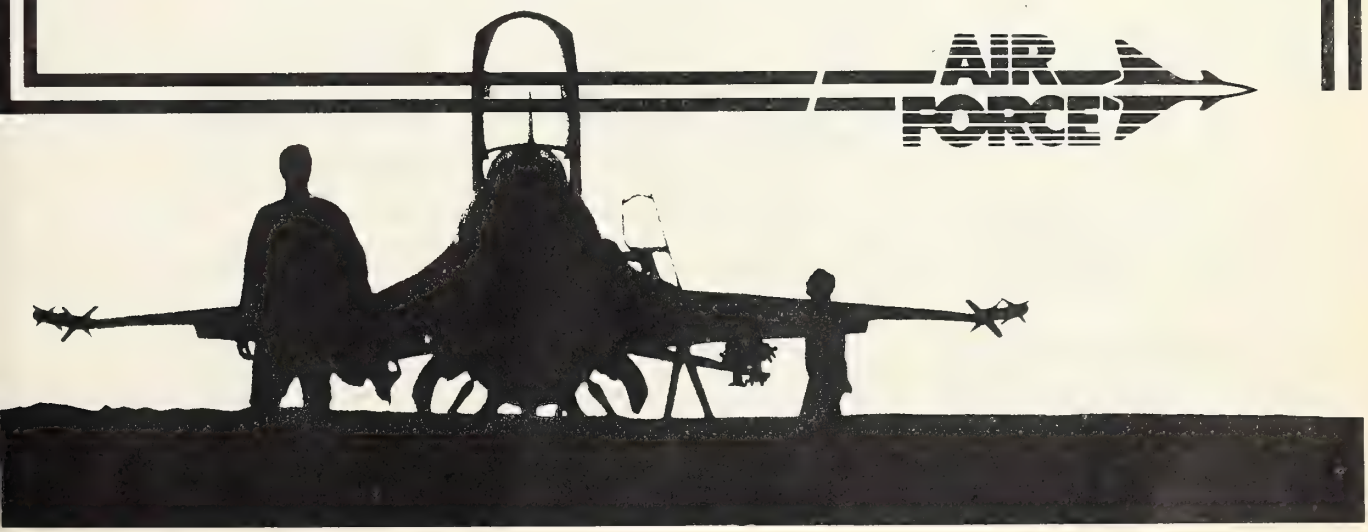

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Marc T. Zubrow, MD, Pulmonary Diseases, Medical Arts Bldg, Suite 302, Greensburg 15601

obituaries

• **Harry Crystal,** Wyomissing; Jefferson Medical College, 1936; age 75, died August 27, 1986. Dr. Crystal was a general practitioner.

• **Edward Dessen,** Philadelphia; University of Pennsylvania School of Medicine, 1928; age 82, died September 12, 1986. Dr. Dessen was a radiologist.

• **William H. Diehl,** Lebanon; Jefferson Medical College, 1927; age 84, died September 22, 1986. Dr. Diehl practiced medicine in Lebanon for 50 years.

• **Michael M. Etzl,** Philadelphia; Hahnemann University School of Medicine, 1942; age 70, died September 7, 1986. Dr. Etzl was director of the Heart Station at Nazareth Hospital.

• **Howard Fugate Sr.,** Sykesville; University of Cincinnati School of Medicine, 1926; age 87, died August 31, 1986. Dr. Fugate maintained a practice in Sykesville for over 50 years.

• **James H. McClelland,** Franklin; University of Pennsylvania School of Medicine, 1940; age 72, died August 31, 1986. Dr. McClelland was former superintendent of Polk Center, Erie.

• **Abram H. Perskey,** Philadelphia; University of Pennsylvania School of Medicine, 1921; age 91, died October 4, 1986. Dr. Persky specialized in internal medicine.

• **Mark G. Risser,** Kutztown; Hahnemann University School of Medicine, 1937; age 80, died August 31, 1986. Dr. Risser was a former superintendent and medical director of the Wernersville State Hospital.

Henry R. Hartman, Laureldale; Jefferson Medical College, 1936; age 76, died August 30, 1986. Dr. Hartman was a general practitioner.

Gerald F. Simmermon, Cornwall; Jefferson Medical College, 1950; age 61, died September 7, 1986. Dr. Simmermon was vice president of medical affairs at Good Samaritan Hospital, Lebanon.

The Medical Practice Act of 1985

Part V—Responsibility of the Medical Board for law enforcement and discipline

John H. Moyer, MD, DSc

A. Purpose

The primary purpose of the Medical Practice Act is to protect the public from unprofessional, improper, incompetent, and unlawful practice of medicine.[1,2,3] and to guarantee to the public acceptable standards of medical care. In order to do so, the legislation has provided laws and given the State Board of Medicine authority to develop regulations that govern the granting and subsequent use of privileges to practice medicine.[2] This responsibility is vested in the medical (licensing) board through the Medical Practice Act of 1985 and subsequent regulations implementing the Act.[2,4,5,6,7]

There are other mechanisms which serve as a buffer between the public and the unsafe or unethical practice of medicine. However, there are no other governmental or private organizations which duplicate the disciplinary responsibilities and authority of the State Board of Medicine. For example, professional associations, such as the Pennsylvania Medical Society, may investigate complaints against its members. However, the strongest action that can be taken against a member is expulsion from the Society which is quite inadequate.[1] Hospitals may check a practitioner's credentials and past performance before granting privileges, but the limit of action is to deny privileges. Only the Medical Board has the authority to prevent a physician from practicing medicine in any capacity through the revocation or suspension of his license.[1,3]

Therefore, the Medical Board has grave responsibilities to the public and to the health professionals regulated by the board, since it is the only organization or body which has adequate disciplinary authority to hold physicians and other health professionals licensed by the board accountable to the standards of their profession.

The Federation of State Medical Boards, Inc. suggests that every state's Medical Practice Act should provide for disciplinary action against the licensees and the grounds on which such actions may be taken.[3] Disciplinary action should include a range from letters of censure up to and including revocation of medical licensure plus fines and legal costs. The board should be authorized to require a licensee to be examined on his or her medical knowledge and skills and to determine physical and mental incapacity based on examination by competent practitioners and consultants to the board. The board should also be able to take disciplinary action for unprofessional or dishonorable conduct as defined in the Act and the regulations implementing the Act.

The Medical Practice Act should provide for procedures which will permit the board to take appropriate enforcement and disciplinary action when and as required, while assuring fairness and due process to licensees. The Pennsylvania Medical Practice Act of 1985 is consistent with these recommendations of the Federation of State Medical Boards, Inc.[2]

B. Definitions used by the board

In order to better understand this review, certain definitions are pertinent.

1. Physician. A medical doctor or doctor of osteopathy. No other doctors qualify as physicians under the licensure process of the Bureau of Professional and Occupational Affairs acting through the medical board.

2. Medical doctor. An individual who has been granted a Medical Doctor Degree by an institution of higher learning and who has acquired one of the following licenses to practice medicine and surgery issued by the Board: license without restriction; graduate license; interim limited license; institutional license; temporary license; and extraterritorial license.

3. Doctor of osteopathy. An individual licensed to practice osteopathic medicine and surgery by the State Board of Osteopathic Medical Examiners. *Author's note: These individuals are not regulated by the State Board of Medicine in any way and the medical board has no jurisdiction or disciplinary authority over them or their trainees, even when a doctor of osteopathy is in a training program over which the medical board has jurisdiction.*

4. Board regulated practitioner. A medical doctor, midwife, physician assistant, drugless therapist or an applicant for a license or certificate issued by the Board.

5. Hospital. An institution licensed or regulated as a hospital by the Department of Health or the Department of Public Welfare or a facility owned or operated by the federal government and accredited by the Joint Commission on Accreditation of Hospitals as a hospital.

6. Conviction. A judgment of guilt, an admission of guilt *or a plea of nolo contendere.*

7. Board counsel. The legal counsel assigned to the board by the Office of General Counsel. Currently there is one.

8. Prosecutor. Prosecuting attorney assigned to the medical board. Currently there are four, but this varies dependent on personnel turnover and employment restrictions by the Administration.

9. Complaints officer. The administrator of the Complaints Office for the Bureau of Professional and Occupational Affairs.

10. Hearing examiner. The hearing examiner employed by the board and approved by the governor for the purpose of conducting hearings involving the discipline of a licensed physician or surgeon and rendering the adjudication.

11. Medical consultant. A licensed physician or surgeon employed by the

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board to aid in the review of complaints when required, to advise the board prosecutor in preparing for and requesting of investigations, to aid in interpreting investigation results, to assist the hearing examiner in interpreting technical testimony of a medical nature, to examine physicians who are thought to be impaired and to serve as a medical expert when required.

12. Medical investigator. An investigator employed by the board to conduct preliminary investigations when following up complaints and assisting the board prosecutor and counsel in obtaining information relative to cases requiring a hearing or follow-up investigation after hearing and who may serve as witness for the Commonwealth at hearings. Currently the table of organization calls for 12,[1] but the number may vary dependent on Administration employment restrictions.

C. Unauthorized practice of medicine and surgery

No person other than a licensed medical doctor may engage in any of the following except as authorized or exempted in the Medical Practice Act:

1. Practice medicine and surgery.
2. Purport to practice medicine and surgery.
3. Hold forth as authorized to practice medicine and surgery through use of a title, including but not necessarily limited to, medical doctor, doctor of medicine, doctor of medicine and surgery, doctor of a designated disease, physician, physician of a designated disease, or any abbreviation for the foregoing. Furthermore, it is unlawful for any person to practice, or attempt to offer to practice, medicine and surgery, or other areas of practice requiring a license, certificate or registration from the board without having at the time of so doing a valid, unexpired, unrevoked and unsuspended license, certificate or registration issued under the Act.

The unlawful practice of medicine and surgery or other areas of practice requiring a license, certificate or registration from the board, as such practice is defined in the Act, may be enjoined by the courts on petition of the board or the commissioner. In any such proceedings, *it is not necessary to show that any person has been individually injured by the actions complained of.* If it is determined the respondent has engaged in the unlawful practice of medicine and surgery or other areas of practice requiring a license, certificate or registration from the board, the court must enjoin him from so practicing unless and until he has been duly licensed, certificated or registered. The procedure in such cases is the same as in any other injunction suit. *The remedy by injunction is in addition to any other civil or criminal prosecution and punishment.*

D. Reasons for refusal, revocation, suspension, or other corrective actions against a licensee or certificate holder as defined in the Medical Practice Act of 1985.

Section 41 of the Medical Practice Act[2] specifically authorizes the medical board to impose disciplinary or corrective measures on a board-regulated practitioner for any or all of the following unethical and immoral reasons which may be more specifically defined in the regulations:

1. Failing to demonstrate the qualifications or standards for a license, certification or registration contained in the Medical Practice Act or regulations of the board.

2. Making misleading, deceptive, untrue or fraudulent representations in the practice of the profession or practicing fraud or deceit, either alone or as a conspirator, in obtaining a license, certification, or registration or in obtaining admission to a medical college.

3. Being convicted of a felony or a misdemeanor relating to a health profession or receiving probation without verdict, disposition in lieu of trial or an Accelerated Rehabilitative Disposition in the disposition of felony charges, in the courts of this Commonwealth, a federal court or a court of any other state, territory or country.

4. Having a license or other authorization to practice the profession revoked or suspended or having other disciplinary action taken, or an application for a *license or other authorization refused, revoked, or suspended by a proper licensing authority of another state, territory, possession or country, or a branch of the federal government.*

5. Being unable to practice the profession with reasonable skill and safety to patients by reason of illness, addiction to drugs or alcohol, having been convicted of a felonious act prohibited by the Act of April 14, 1972 (P.L. 233, No. 64), known as The Controlled Substance, Drug, Device and Cosmetic Act, or convicted of a felony relating to a controlled substance in a court of law of the United States or any other state, territory, possession or country, or if he or she is or shall become mentally incompetent. An applicant's statement on the application declaring the absence of a conviction shall be deemed satisfactory evidence of the absence of a conviction unless the board has some evidence to the contrary. Misinformation placed on the application by the applicant is considered fraud and is punished as such. In enforcing this paragraph, the board, upon probable cause, has authority to compel a practitioner to submit to a mental or physical examination by a physician or a psychologist approved by the board. Failure of a practitioner to submit to such examination, when directed by the board, unless such failure is due to circumstances beyond his or her control, constitutes an admission of the allegations against him or her, consequent upon which a default and final order may be entered without the taking of testimony or presentation of evidence. A practitioner affected under this paragraph shall at reasonable intervals be afforded an opportunity to demonstrate that he or she can resume a competent practice of his or her profession with reasonable skill and safety to patients.

6. Violating a lawful regulation promulgated by the board or violating a lawful order previously entered by the board in a disciplinary proceeding.

7. Knowingly maintaining a professional connection or association with any person who is in violation of this Act or regulations of the board or knowingly aiding, assisting, procuring or advising any unlicensed person to practice a profession contrary to this Act or regulations of the board.

8. Being guilty of immoral or unprofessional conduct. Unprofessional conduct shall include departure from or failing to conform to an ethical or quality standard of the profession, i.e., usual and accepted practices. In proceedings based on this paragraph, actual injury to a patient need not be established.

a. The ethical standards of a profession are those ethical tenets which are embraced by the professional community in this Commonwealth.

b. A practitioner departs from, or fails to conform to, a quality standard of the profession when the practitioner provides a medical service at a level beneath the accepted standard of care. The board may promulgate regulations which define the accepted standard of

care. In the event the board has not promulgated an applicable regulation, the accepted standard of care for a practitioner is that which would be normally exercised by the average professional of the same kind in this Commonwealth under the circumstances, including locality and whether the practitioner is or purports to be a specialist in the area.

9. Acting in such manner as to present an immediate and clear danger to public health or safety.

10. Acting outside the scope of a license or certificate.

11. Making a false or deceptive biennial registration to the Board.

E. Regulatory powers of the board

The Medical Practice Act of 1985[2] gives the board regulatory authority but requires that all actions of the board must be taken subject to the right of notice, hearing and adjudication, and the right of appeal. Disciplinary proceedings conducted by hearing examiners for cases referred to them must be conducted in accordance with the Health Care Services Malpractice Act of October 15, 1975.

The board now has the authority to issue subpoenas, upon application of a prosecuting attorney responsible for representing the Commonwealth in disciplinary matters before the Board, for the purpose of investigating alleged violations of the disciplinary provisions administered by the board.[2] The board has the power to examine witnesses, administer oaths and to take testimony or compel the production of books, records, papers and documents as it may deem necessary or proper in and pertinent to any proceeding, investigation or hearing held by it. Medical records may not be subpoenaed without consent of the patient or without order of a court of competent jurisdiction on a showing that the records are reasonably necessary for the conduct of the investigation. The court may impose such limitations on the scope of the subpoena as are necessary to prevent unnecessary intrusion into patient confidential information. The board is authorized to apply to Commonwealth Court to enforce its subpoenas. *Author's note: This is a new provision in the Medical Practice Act of 1985 which was not previously available to the medical board.*

F. Hearing examiners and medical consultants

1. *Approval of hearing examiners.* As provided under section 902 of the Health Care Services Malpractice Act (40 P.S. §1301.902), the board has created a list of individuals with the approval of the governor from which hearing examiners can be selected to serve on a part-time basis in order to conduct formal hearings and render adjudications.

2. *Medical consultants to the board.* The board, through the cooperation of various state and local professional societies, has also created lists of licensed physicians and surgeons of varied expertise, specialty and training from which medical consultants can be selected to serve on a part-time basis as resource personnel, with medical expertise required for the individual case.

3. *Powers and duties of hearing examiners appointed to assist the board.*

a. The hearing examiners have power to conduct hearings under the general rules of administrative practice and procedure and the Administrative Agency Law.

b. A hearing examiner has the following powers:

i. The power to issue subpoenas requiring the attendance and testimony of individuals and the production of pertinent books, records, documents and papers.

ii. The power to continue a formal hearing in order to call additional wit-

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nesses he may believe are required, or to get additional documented evidence before reaching his decision.

iii. The power to question and cross-examine witnesses presented by either party.

iv. The power to administer oaths.

c. The hearing examiner is required to hear the evidence submitted and arguments of counsel and render a decision.

d. The hearing examiner must record his decision in the form of an adjudication and order, supported by findings of fact and conclusions of law.

e. The hearing examiner then provides copies of the adjudication and order to the board, along with the transcript of the evidence. A copy of the adjudication and order must also be furnished to the counsel of record or to the parties in the dispute.

4. *Duties of medical consultants.* A medical consultant may perform the following:

a. Review medical aspects of a complaint referred to him by the Board prosecutor and prepare a written report of recommendations based on the review and inquiries deemed necessary to determine whether further action is required.

b. Review a complaint in order to aid the board prosecutor in recognizing medical issues and determining what information should be obtained and what additional investigation is required.

c. Attend a prehearing conference which may be scheduled regarding complaints assigned to him.

d. Administer physical and mental examinations to physicians for evaluation of impairment.

e. Testify as an expert witness if required by the Board prosecutor.

G. Complaint process[8]

1. A person, firm, corporation or public officer may submit a written complaint to the complaints officer of the Bureau of Professional and Occupational Affairs charging the holder of a license to practice medicine and surgery with a violation of the Medical Practice Act or the regulations implementing the Act of 1985 or the Health Care Services Malpractice Act and specifying the grounds for the complaint.

2. The complaints officer will then establish a file and forward the complaint to a prosecuting attorney assigned to the board who, together with medical consultants or medical investigators as may be required, will make a determination that the complaint merits consideration. The board prosecutor will be responsible for conducting a reasonable inquiry or investigation to determine the truth and validity of the allegations in the complaint. The board prosecutor will then provide a report to the medical board at its regular meeting. Note: The Medical Practice Act requires that the attorney assigned to the board and the Law Enforcement Office will also keep the board appraised by reporting on the number, nature, procedure and handling of all complaints received.

3. If the prosecuting attorney determines *that the complaint has no basis in fact* or does not come under board jurisdiction, the complainant will be notified of the dismissal of the complaint but only after Board review and authorization. With the exception of information and documents classified under statute as public information or public records, the prosecutorial recommendations of the prosecuting attorney to the board and letters to complainants notifying them that a complaint has been dismissed, information, documents, records and other materials obtained during the course of an investigation are considered confidential unless later admitted as evidence during the course of a formal disciplinary proceeding.

4. *If the complaint is determined to be valid,* the prosecutor will proceed to prosecute the case after being authorized to do so by the board. The board prosecutor may, upon authorization from the board, enter into negotiations, at any stage of the complaint, investigation or hearing process, to facilitate the disposition of a case by Stipulation and Consent Agreement. The suggested disposition will be reviewed by the board, and if approved by the board, an Adjudication and Order will be issued, subject to approval as to legality by the office of General Counsel, adopting the terms and conditions of the agreement.

5. The board prosecutor may request a prehearing conference prior to board authorization of an adjudication proceeding so as to gather factual data and to facilitate an eventual hearing. The board counsel and a medical consultant or medical investigator are required to be present. The board prosecutor must give timely notice of the conference to the licensee involved. The notice will include a statement of the nature of the issues to be discussed. The physician or any other health care professional regulated by the board has the right to be represented by his own counsel at the conference. Statements made at the conference may not be introduced at a hearing on the merits without the consent of the parties to the hearing. Complaints can be resolved at the conferences through an agreed order only if the order is ratified by the board. This conference is considered investigatory. It is confidential and will not be open to the public.

The board will authorize board counsel to set a formal hearing in the matter if it determines, based upon the board prosecutor's summary of fact and law, that the hearing is warranted. This does not preclude the prosecuting attorney from offering at a formal disciplinary hearing other evidence to prove factual matters disclosed during the negotiating process.

It is the duty of board prosecutor and board counsel to keep the board informed relative to the current status of each complaint as well as a summary and analysis of the number of complaints received and the nature of the complaints.

H. Formal hearings before hearing examiners[8]

1. The time of hearing will be fixed by the Bureau of Professional and Occupational Affairs 10 days or more but within a reasonable period of time after service of the citation upon the accused. The board, through the hearing examiner appointed to the case, will issue a citation and notice of hearing of the charges prepared by the board prosecutor. The notice will specify the time and place of the hearing and inform the accused that a stenographic record of the proceeding will be kept, that he will have the opportunity to appear personally and to have counsel present and the right to produce witnesses testifying for him, to examine documentary evidence as may be produced against him and to have subpoenaes issued by the hearing examiner. The hearing examiner may issue subpoenaes for the respondent only upon a showing by the respondent that a necessary witness will not appear unless subpoenaed. The board depends upon the courts of the Commonwealth to enforce its subpoenaes.

2. Within a reasonable time after holding the hearing under the Administrative Agency Law, the hearing examiner must make a written adjudication

of his decision supported with findings of fact and conclusions of law. The adjudication will be transmitted to the board and to the accused or his counsel, along with items offered into evidence and considered by the hearing examiner which will be considered the official record of the proceeding. The board will then make a determination and act accordingly.

3. Formal disciplinary proceedings are open to the public. A notice as to time and place of the formal disciplinary proceeding and the identification of the person involved in the proceeding are also published in the *Pennsylvania Bulletin.*

I. Appeal from hearing examiner's decision

A physician whose license has been revoked or suspended by the hearing examiner has the right to a review by the board. The review shall be initiated by serving on the secretary of the board an application for review within 20 days from the date of the decision of the hearing examiner. The board will review the evidence and, if it deems it advisable, may hear additional testimony from persons already deposed or from new witnesses and arguments of counsel to make a decision. Additional testi-

Table 1. Guidelines for Issuing Disciplinary Orders;[8] Fines Are in Addition Where Applicable

Guideline	Minimum Penalty Re Licensure	Maximum Penalty Re Licensure
1. Excessive Prescribing or Administering of Drugs	1 year suspension	Revocation
2. Excessive Treatments	1 year suspension	Revocation
3. Unnecessary Treatments	2 years suspension	Revocation
4. Simple Negligence	1 year suspension	Revocation
5. Gross Negligence	2 years suspension	Revocation
6. Incompetence: Mental	Suspension until such time as respondent demonstrates to Board's satisfaction that he/she is now competent to practice medicine	Revocation
7. Incompetence: Physical Condition or Malady	Suspension until such time as respondent demonstrates to Board's satisfaction that he/she is now competent to practice medicine	Revocation
8. *Suspension or Revocation by Another State*	Equivalent to similar violation in Pennsylvania	Revocation
9. Practice During Suspension	4 years additional suspension without a stay	Revocation
10. Deceptive Advertising	6 months suspension	Revocation
11. Criminal Conviction: Felony (not drug related)	2 years suspension	Revocation
12. Criminal Conviction: Other (not drug related)	1 year	Revocation
13. Drug-Related Conviction as a felony[2]	Revocation without stay mandatory; Surrender of DEA Permit for Schedule II, III and IV drugs for period of revocation[2]	Permanent revocation without stay[2]
14. Self Abuse of Drugs	3 years stayed suspension and respondent placed on probation	Revocation Mandatory: Surrender of DEA Permit
15. Procuring License by Fraud	4 years suspension without stay	Revocation
16. Alcohol Abuse	3 years stayed suspension and respondent placed on probation	Revocation
17. Furnishing Drugs to Addict	5 years suspension	Revocation
18. Aiding and Abetting Unlicensed Practice	2 years suspension	Revocation
19. Prescribing Scheduled Drugs Without Prior Examination	No Action	Revocation Mandatory: Surrender of DEA Permit for Schedule II, III and IV drugs
20. Making or Signing False Documents	3 years suspension	Revocation
21. Violating Professional Liability Insurance Responsibilities	Revocation, Stay after (x) months active revocation (up to six months) if compliance with present insurance responsibilities establish prior to expiration of period of active revocation, and remainder to be served on probation. Terms of probation to include future compliance with insurance responsibilities and written insurance coverage. Violation of terms of probation to result in reactivation of revocation.	Revocation (for second violation)

mony will be taken as soon as practicable so that the board's decision, along with findings of fact and conclusions of law, can be prepared and sent to the parties involved.

The decision of the board is conclusive and binding as to questions of fact, but the respondent physician can, within 30 days from the date of the decision, appeal to the Commonwealth Court if the appeal is based on allegations of errors of law under terms and conditions as cover appeals and actions involving State agencies. The appeal in order to be acceptable must be specifically authorized under section 906 of the Health Care Services Malpractice Act.

J. Disciplinary guidelines[8]

The State Board of Medicine has adopted guidelines which were approved by the board February 14, 1984 and amended September 1984 and which were designed to assist the medical board and its hearing examiners in drafting disciplinary orders.[8] The guidelines aid the board and its hearing examiners in maintaining consistent disciplinary orders. The board recognizes that mitigating or aggravating circumstances may necessitate that the board or a hearing examiner deviate from the guidelines, and that those offenses which are listed are only set forth in the broadest of terms.

Neither the board nor a hearing examiner is constrained to impose active suspensions only. The use of stayed suspensions with remaining time served as probation is within the spirit of the board's guidelines where individual circumstances indicate this course to be appropriate. The board has indicated specifically where it believes a stayed suspension would be extraordinary.

One of the most significant features of the guidelines is the model conditions of probation. The board believes the standard conditions of probation as indicated below under Section K of this review should be inserted in all of the disciplinary orders which require a physician to serve a period of probation.

K. Probation requirements[8]

The following procedures and restrictions are required by the board during most periods of probation:

1. Board policy for standard conditions to be included in all orders of probation.[8]

a. Respondent must obey all federal, state and local laws and all rules governing the practice of medicine in this Commonwealth.

b. Respondent must submit quarterly declarations on forms provided by the Law Enforcement Division to the Law Enforcement Division, Bureau of Professional and Occupational Affairs stating whether there has been compliance with all of the conditions of probation.

c. Respondent must comply with the Law Enforcement Division's probation monitoring program.

d. Respondent must inform all states and territories of the United States, in which (he/she) holds an active or inactive license in any health-care profession, of this disciplinary action.

e. If respondent violates the conditions of probation, in any respect, the board, after giving respondent notice and the opportunity to be heard, may set aside the stay order and impose the revocation or suspension of the respondent's certificate or license.

f. Upon successful completion of probation, respondent's (certificate/license) will be fully restored.

2. Optional conditions to be included in certain orders of probation[8]

a. Interview. Respondent may be required to appear in person for interviews with a board designee upon request at various intervals and with reasonable notice.

b. Notice of change in practice or residence. During this period of probation, in the event the respondent leaves the Commonwealth to reside someplace else, or in the event (he/she) begins to conduct the majority of (his/her) practice outside of the Commonwealth, (he/she) must notify the board, in writing, within 15 days.

c. Suspension of probationary period while majority of practice conducted outside of Commonwealth. The time remaining in the period of probation will cease to run during any period in which the respondent conducts the majority of (his/her) medical practice outside of the Commonwealth. During this time, if the respondent conducts any portion of (his/her) medical practice in this Commonwealth, (he/she) must, nevertheless, continue to satisfy the conditions of probation. If and when the respondent resumes the majority of (his/her) medical practice in the Commonwealth, the time remaining in the period of probation will run once again.

3. Factors that are considered in imposing discipline.[8] When evaluating what sanction is most appropriate to impose in a particular case, there are numerous factors to be weighed. While the board has developed disciplinary guidelines which should be of assistance, the peculiarities of each case must be thoroughly evaluated to arrive at a just and proper sanction. While it is impossible to enumerate each and every factor that should be assessed in arriving at an appropriate disciplinary disposition, there are certain factors which the board considers to generally mitigate against leniency. These factors include, but are not limited to:

a. The respondent's failure to appear at the hearing without a reasonable explanation being offered.

b. A prior adverse adjudication against the respondent by the board.

L. Penalties and fines issued by the board[2]

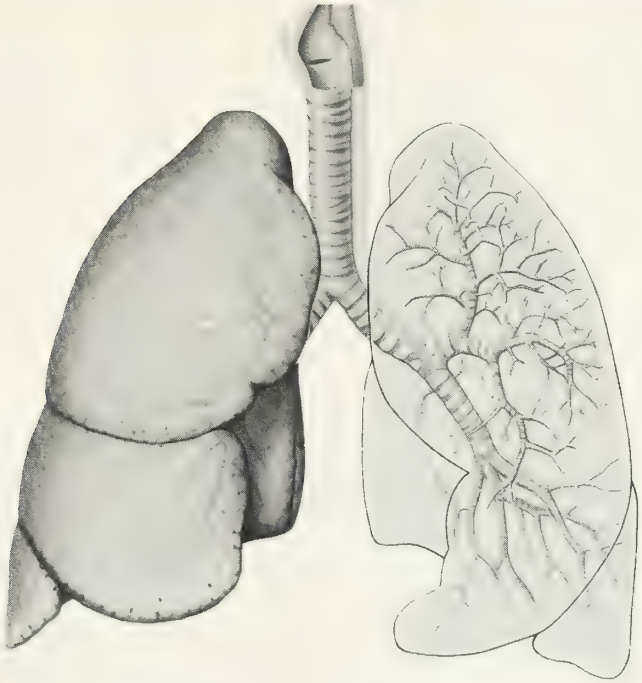
Any person, or the responsible officer or employee of any corporation or partnership, institution or association, who violates any provisions of the Medical Practice Act or any rule or regulation of the board commits a misdemeanor of the third degree and, upon conviction, will be sentenced to pay a fine of not more than $2,000 or to imprisonment for not more than six months, or both, for the first violation. *On the second and each subsequent conviction, he or she shall be sentenced to pay a fine of not less than $5,000 nor more than $20,000 or to imprisonment for not less than six months nor more than one year, or both.*

Civil penalties. In addition to any other civil remedy or criminal penalty provided for in the Act, the board may levy a civil penalty of up to $1,000 on any current licensee who violates any provision of the Act or *on any person who practices medicine and surgery or other areas of practice requiring a license, certificate or registration from the board without being properly licensed, certificated or registered to do so under the Act.* The board may levy this penalty only after affording the accused party the opportunity for a hearing, as provided in Title 2 of the Pennsylvania Consolidated Statutes (relating to administrative law and procedure).

M. Temporary suspensions[2]

A license or certificate issued under the Act may be temporarily suspended under circumstances as determined by

Consider the causative organisms...



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Note: Ceclor® is contraindicated in patients with known allergy to the cephalosporins and should be given cautiously to penicillin-allergic patients.

Penicillin is the usual drug of choice in the treatment and prevention of streptococcal infections, including the prophylaxis of rheumatic fever. See prescribing information.

Ceclor® (cefaclor)

Summary. Consult the package literature for prescribing information.

Indications: Lower respiratory infections, including pneumonia, caused by susceptible strains of *Streptococcus pneumoniae, Haemophilus influenzae,* and *S. pyogenes* (group A beta-hemolytic streptococci).

Contraindications: Known allergy to cephalosporins.

Warnings: CECLOR SHOULD BE ADMINISTERED CAUTIOUSLY TO PENICILLIN-SENSITIVE PATIENTS. PENICILLINS AND CEPHALOSPORINS SHOW PARTIAL CROSS-ALLERGENICITY. POSSIBLE REACTIONS INCLUDE ANAPHYLAXIS.

Administer cautiously to allergic patients.

Pseudomembranous colitis has been reported with virtually all broad-spectrum antibiotics. It must be considered in differential diagnosis of antibiotic-associated diarrhea. Colon flora is altered by broad-spectrum antibiotic treatment, possibly resulting in antibiotic-associated colitis

Precautions:
- Discontinue Ceclor in the event of allergic reactions to it.
- Prolonged use may result in overgrowth of nonsusceptible organisms.
- Positive direct Coombs' tests have been reported during treatment with cephalosporins.
- In renal impairment, safe dosage of Ceclor may be lower than that usually recommended. Ceclor should be administered with caution in such patients.
- Broad-spectrum antibiotics should be prescribed with caution in individuals with a history of gastrointestinal disease, particularly colitis.
- Safety and effectiveness have not been determined in pregnancy, lactation, and infants less than one month old. Ceclor penetrates mother's milk. Exercise caution in prescribing for these patients.

Adverse Reactions: (percentage of patients)

Therapy-related adverse reactions are uncommon. Those reported include:
- Gastrointestinal (mostly diarrhea): 2.5%.
- Symptoms of pseudomembranous colitis may appear either during or after antibiotic treatment.
- Hypersensitivity reactions (including morbilliform eruptions, pruritus, urticaria, erythema multiforme, serum-sickness-like reactions): 1.5%; usually subside within a few days after cessation of therapy. These reactions have been reported more frequently in children than in adults and have usually occurred during or following a second course of therapy with Ceclor. No serious sequelae have been reported. Antihistamines and corticosteroids appear to enhance resolution of the syndrome.
- Cases of anaphylaxis have been reported, half of which have occurred in patients with a history of penicillin allergy.
- Other: eosinophilia, 2%; genital pruritus or vaginitis, less than 1%.

Abnormalities in laboratory results of uncertain etiology
- Slight elevations in hepatic enzymes
- Transient fluctuations in leukocyte count (especially in infants and children)
- Abnormal urinalysis; elevations in BUN or serum creatinine
- Positive direct Coombs' test
- False-positive tests for urinary glucose with Benedict's or Fehling's solution and Clinitest® tablets but not with Tes-Tape® (glucose enzymatic test strip, Lilly)

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the board to be an immediate and clear danger to the public health and safety. *The board is granted power under the Act to issue an order to that effect without a hearing,* but upon due notice to the licensee or certificate holder concerned at his or her last known address, which must include a written statement of all allegations against the licensee or certificate holder. *The provisions for right of appeal do not apply to temporary suspension.* The board must thereupon commence formal action to suspend, revoke or restrict the license or certificate of the person concerned as otherwise provided for in the Medical Practice Act. Within 30 days following the issuance of an order temporarily suspending a license, the board or a designated hearing examiner must conduct a preliminary hearing to determine that there is a prima facie case supporting the suspension. The licensee or certificate holder whose license or certificate has been temporarily suspended may be present at the preliminary hearing and may be represented by counsel, cross-examine witnesses, inspect physical evidence, call witnesses, offer evidence and testimony and make a record of the proceedings. *If it is determined that there is not a prima facie case, the suspended license shall be immediately restored.* The temporary suspension shall remain in effect until vacated by the board, but in no event longer than 180 days.

Automatic suspensions. A license or certificate issued under this Act shall automatically be suspended upon the legal commitment to an institution of a licensee or certificate holder because of mental incompetency from any cause upon filing with the board a certified copy of such commitment.

Conviction of a felony under the Act of April 14, 1972 (P.L. 233, No. 64), known as The Controlled Substance, Drug, Device and Cosmetic Act, or conviction of an offense under the laws of another jurisdiction, which, if committed in this Commonwealth, would be a felony under The Controlled Substance, Drug, Device and Cosmetic Act results in revocation. As used in this section, the term "conviction" includes a judgment, an admission of guilt or a plea of nolo contendere. Automatic suspension may not be stayed pending any appeal of a conviction. Restoration of such license or certificate must be made as provided in the case of revocation or suspension of such license or certificate.

N. Reinstatement of license, certificate, or registration[2]

1. General. Unless ordered to do so by Commonwealth Court or on appeal therefrom, the board does not reinstate the license, certificate or registration of a person to practice medicine and surgery or other areas of practice requiring a license, certificate or registration from the board pursuant to the Act of 1974 which has been revoked. *Except as provided in subsection 2 which follows,* any person whose license, certificate or registration has been revoked may apply for reinstatement, after a period of at least five years, but must meet all of the licensing qualifications of the Act for the license applied for, to include the examination requirement, if he or she desires to practice at anytime after such revocation.

2. Reinstatement after felony conviction.[2] Any person whose license, certificate or registration has been suspended or revoked because of a felony conviction under the Act of April 14, 1972 (P.L. 233, No. 64), known as The Controlled Substance, Drug, Device and Cosmetic Act, or similar law of another jurisdiction, may apply for reinstatement *after a period of at least ten years has elapsed from the date of conviction.*

The board may reinstate the license only if satisfied that the person has made significant progress in personal rehabilitation since the conviction such that reinstatement should not be expected to create a substantial risk of harm to the health and safety of patients or the public or a substantial risk of further criminal violations, and if the person meets all other licensing qualifications of the Act, including the examination requirement.

O. Surrender of suspended or revoked license, certificate or registration[2]

The board requires that a person whose license, certificate or registration has been suspended or revoked must return the license, certificate or registration to the Office of the Medical Board in Harrisburg. *A person who fails to do so commits a misdemeanor of the third degree.*[2]

P. Summary and conclusions

1. The responsibilities of the medical board for law enforcement and disciplinary action against licensees has been reviewed.

2. The authorities granted to the medical board through the Medical Practice Act of 1985 and which were not available previously are as follows:

a. Investigate and prohibit by injunction the unlawful practice of medicine and surgery or other areas of practice requiring a license, certificate or registration from the Medical Board as defined in the Medical Practice Act.

b. The issuance of penalities and fines against an individual who violates any provision of the Medical Practice Act or a responsible officer, employee of a corporation or partnership, institution or association, who violates any provision of the Medical Practice Act or Rules and Regulations of the board of medicine.

c. The power of subpoena.

3. Summary suspensions of licensure may be imposed without a hearing for a period of 30 days without right of appeal if the circumstance indicates that the licensee is in immediate and clear danger to the public health and safety. A formal hearing must be held within 30 days so as to determine whether or not there is a prima facie case, and if not, the suspended licensee must be immediately restored.

4. Conviction of a felony under the Controlled Substance, Drug, Device and Cosmetic Act committed in this Commonwealth or in any other jurisdiction carries with it an automatic revocation of license for no less than ten years. Other unethical and immoral reasons for disciplinary or corrective action by the medical board are essentially the same in the Medical Practice Act of 1985 as they were in the Medical Practice Act of 1974. □

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3. A Guide to the Essentials of a Modern Medical Practice Act. Federation of State Medical Boards of the United States, Inc., 2630 W. Freeway, Suite 138, Ft. Worth, Texas.
4. The Medical Practice Act of 1985; Part I - Composition and Organization of the Medical Board. *Pennsylvania Medicine,* April, 1986, *89*:4, 62-65.
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8. Policies, Procedures, and Guidelines for the State Board of Medical Education and Licensure (State Board of Medicine) Part V - Disciplinary Actions.

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General surgeon, Board eligible or certified to join surgeon in private practice. Experience in traumatology and peripheral vascular surgery desirable. Southcentral Pennsylvania. Reply to Box 174, PENNSYLVANIA MEDICINE, 20 Erford Road, Lemoyne, PA 17043.

Unique opportunity available immediately for trained physician to assume fully established active family practice due to physician retirement. Office located in small town in central Pennsylvania. Six-figure gross and population base of 25,000. Close to hospital and universities. Send CV to Michael Daniloff, President, Evangelical Community Hospital, Lewisburg, PA 17837.

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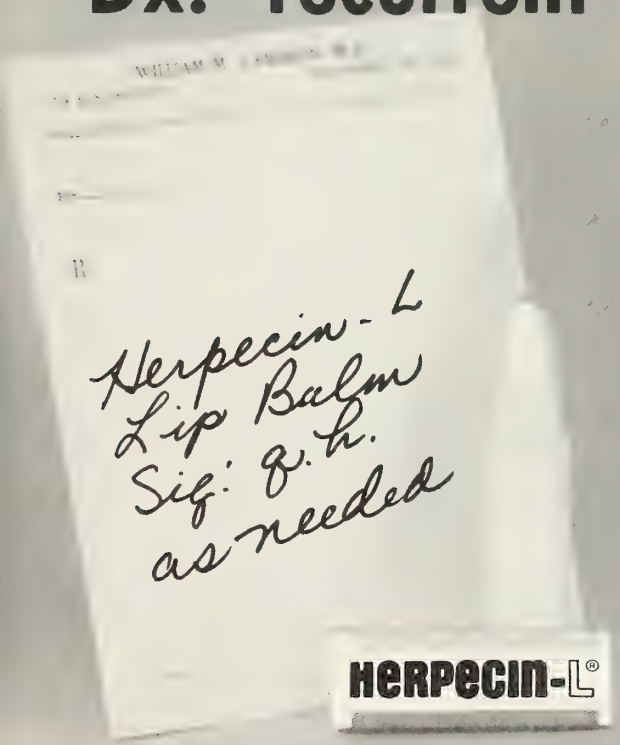

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Anesthesiologist — BC/BE needed to join group of three anesthesiologists and thirteen CRNA's in a 275-bed suburban Pittsburgh community hospital. All types of surgery except cardiac. Send curriculum vitae to Box 187, PENNSYLVANIA MEDICINE, 20 Erford Road, Lemoyne, PA 17043.

ER physicians — Full-time/part-time positions available NJ, PA, NY. Emergency medicine experience preferred. Guaranteed compensation and paid malpractice. For more information call (215) 521-5100 (within PA), 1-800-TRAUMA 6 (outside PA), or send CV to Trauma Service Group PC, Scott Plaza, Building Two, Suite 114, Philadelphia, PA 19113.

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Family physician — BC/BE — residency trained, wanted in western Pennsylvania to associate with BCFP in July, 1987. No OB, moderate amount of ICU, CCU. Growing practice. Reply to Box 188, PENNSYLVANIA MEDICINE, 20 Erford Road, Lemoyne, PA 17043.

Orthopedic Surgeon — Board certified or eligible, wanted to join growing two man private practice in southeastern Pennsylvania. Experience and interest in adult spine surgery preferred. Send cover letter and curriculum vitae to Box 198, PENNSYLVANIA MEDICINE, 20 Erford Road, Lemoyne, PA 17043.

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Internists — Board eligible or Board certified to join the staff of a 180-bed hospital in Pennsylvania. Interest in cardiology is preferred. Educational opportunities available as well as abundant outdoor recreation. Send CV to Box 189, PENNSYLVANIA MEDICINE, 20 Erford Road, Lemoyne, PA 17043.

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Dermatologist — Practice opportunity available for a Board certified or Board eligible physician in eastern Pennsylvania. Send CV to Box 194, PENNSYLVANIA MEDICINE, 20 Erford Road, Lemoyne, PA 17043.

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State College, Pennsylvania. General psychiatrist to serve as clinical director of a dual diagnosis adult psychiatric and chemical dependency inpatient and outpatient program. Prefer Board certification and/or experience with chemical dependency. Will accept bright and energetic individual who is Board eligible. The hospital is a 94-bed private psychiatric hospital constructed two years ago. The orientation is eclectic but with a strong dynamic focus. The community is the home of Penn State University. It offers a cosmopolitan atmosphere in an area free of traffic, crime, and the problems of a large city. Opportunities for cultural, recreational, and educational activities are numerous. Salary and guarantee arrangements are extremely attractive and flexible. Send CV or call Magnus Lakovics, MD, The Meadows Psychiatric Center, Box 259, Earlystown Road, Centre Hall, Pennsylvania 16828. (814) 364-2161.

Urologist — Pennsylvania hospital with service area of 40,000 needs the service of a full time urologist. Candidates should be Board certified or Board eligible. Ideal location for family with good schools and many educational and recreational opportunities. Send CV to Box 190, PENNSYLVANIA MEDICINE, 20 Erford Road, Lemoyne, PA 17043.

Opportunity available immediately for orthopedic surgeon in Bucks County. Prefer Board eligible. Partnership. Size of community: 30,000-100,000. Size of trade area: 100,000 and greater. Respond to PMS Physician Placement Service, Department NOM-0487-SO19, 20 Erford Road, Lemoyne, PA 17043.

Opportunity for orthopaedic surgeon in Mercer County. Solo/partnership. Size of community: 30,000-100,000. Size of trade area: 100,000 and greater. Reply to PMS Physician Placement Service, Department NOM-0487-SO09, 20 Erford Road, Lemoyne, PA 17043.

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Physician seeking position in general surgery. Available 7/87. Board certified. Bilingual: English/Spanish. Type of practice preferred: solo, partnership. Size of community preferred: 30,000-100,000. Respond to PMS Physician Placement Service, Department NRN-0487-SG28, 20 Erford Road, Lemoyne, PA 17043.

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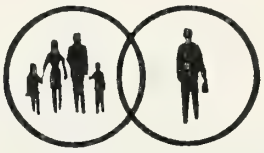

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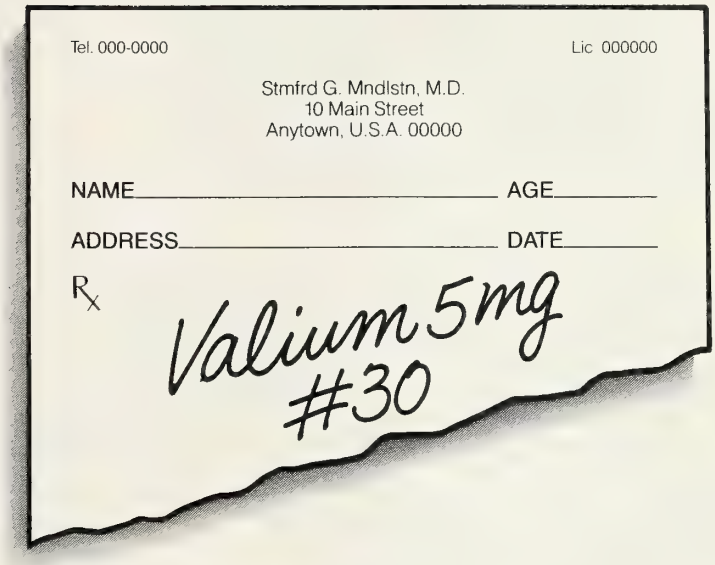

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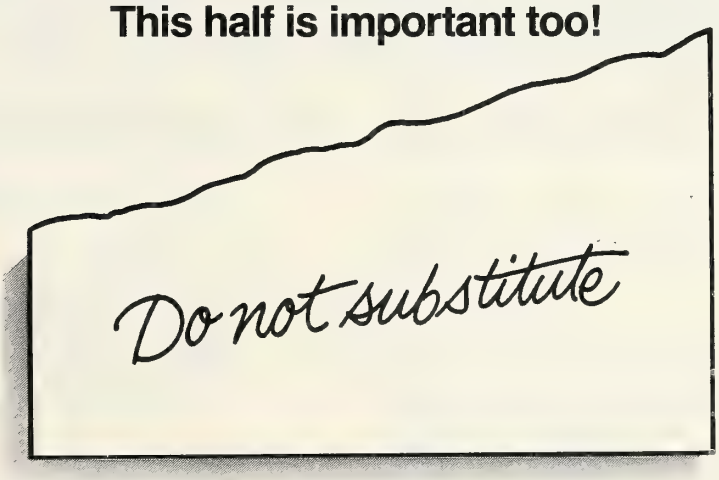

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